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**County Borough of Halifax  
Health Department**

# **Annual Report**

**ON THE HEALTH  
OF THE BOROUGH  
FOR THE YEAR 1963**



**JOHN G. CAIRNS  
M.B., Ch.B., D.P.H.  
Medical Officer of Health**





**County Borough of Halifax**  
**Health Department**

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FOR THE YEAR 1963**

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**JOHN G. CAIRNS**  
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**Medical Officer of Health**

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# Health Committee

(as on 31st December, 1963)

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**The Worshipful, The Mayor**  
Alderman WILSON HAIGH, J.P.

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Chairman: Alderman F. H. SWIRE. P.Ch.

Vice-Chairman: Councillor Mrs. L. A. MITCHELL  
Alderman E. O. BOWER                      Alderman D. FAWCETT, J.P.

## Councillors:

E. C. ASTIN, F.B.A.A.	S. HOLLAND
G. E. CHADWICK	J. J. McGOWAN
L. CORINA	A. OAKES, J.P.
R. DEADMAN, M.P.S.	G. H. SMITH, F.I.L.
J. A. DRAKE, C.B.E., J.P.	C. G. STREETER
T. ENDERBY	

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## Sub-Committees

### Accounts Sub-Committee:

THE CHAIRMAN  
VICE-CHAIRMAN  
Councillors: DEADMAN, HOLLAND, McGOWAN

### Sanitary Services & Clean Air Sub-Committee:

THE CHAIRMAN  
VICE-CHAIRMAN  
Aldermen: BOWER and FAWCETT  
Councillors: ASTIN, CORINA, DEADMAN, DRAKE,  
HOLLAND, G. H. SMITH

### Maternal and Child Welfare Sub-Committee:

THE CHAIRMAN  
VICE-CHAIRMAN  
Councillors: CHADWICK, ENDERBY, HOLLAND, McGOWAN,  
STREETER  
Co-opted Members: Mrs. JOAN GREENWOOD, J.P.  
Mrs. GLADYS PICKLES  
Mrs. DORIS RHODES

### Mental Health and Care Sub-Committee:

THE CHAIRMAN  
VICE-CHAIRMAN  
Councillors: ASTIN, CORINA, DEADMAN, HOLLAND,  
McGOWAN, STREETER  
Co-opted Member: Dr. W. H. CRAVEN, B.Sc., M.B., Ch.B., D.T.M.



# Staff of the Health Department

(as on 31st December, 1963)

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## Medical Officer of Health

JOHN G. CAIRNS, M.B., Ch.B., D.P.H.

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## Deputy Medical Officer of Health

DONALD RIDGWAY MORRIS, M.B., Ch.B., D.P.H.

## Assistant Medical Officers

MARGARET E. ANDERSON, M.B., Ch.B.

SHAMAZ MAHBOOB, M.B., Ch.B.

## Chief Public Health Inspector

ARTHUR W. PERRY, M.R.S.H., M.A.P.H.I., D.P.A., Dip. San. Sc.

## Meat and Foods Inspector

G. A. WOODHEAD 1. 2.

## Lay Administrative Officer

HAROLD HUDSON, A.R.S.H.

## Senior Public Health Inspector

J. E. BANKS 1. 2. 3. 4.

## District Public Health Inspectors

F. BURKE 1. 2. T. ASHWORTH 1. 2.

P. MYERS 1. 2. 3. 4. G. BOTTOMLEY & G. B. RUDGE 1.

J. A. WALKER

Pupils: J. BARRACLOUGH, D. BROADBENT

## Smoke Control Inspectors

A. LUM 1. 2. 3. K. HUBBARD, Clerk of Works

## Housing Inspector

R. CROSSLEY 1. 2.

## Rodent Control

R. GARFORTH, Senior Operative

## Clerical Staff

H. WRIGHT (Senior Clerk). N. BRADLEY (Senior Clerk, Health Inspectors' Section). E. I. DAVIS. Mrs. E. A. SUNDERLAND. D. SPEAK. Mrs. B. L. WATSON (M. & C. W.). J. WILSON. K. HITCHCOCK. M. STOPFORD. M. WHITE. Miss P. JOHNSON. A. S. LISTER (Housing). Miss V. COBBOLD. Mrs. R. McNAMARA. Miss D. ATTIWELL. Miss G. VALENTINE

## Maternal and Child Welfare

Superintendent Nursing Officer: Miss V. SAVAGE 5. 6. 7. 12.

Deputy Nursing Officer: Mrs. M. MURPHY 5. 6. 7. 12.

Assistant Nursing Officer: Miss S. L. WALKER 5. 6. 7. 11. 12.

## Health Visitors

Miss P. VAUGHAN 5. 6. 7.

Mrs. J. NETTLESHIP 5. 6. 7.

Mrs. J. C. B. GREENWOOD 5. 6. 7.

E. HUGHES 5. 6. 7.

Miss I. HOLDSWORTH 5. 6. 7.

E. CROSSLEY 5. 6. 7.

Part-time: Mrs. D. M. DACK 5. 6. 7. Mrs. J. SUTCLIFFE 5. 6. 7.

Special Duties Nurses: DAVID S. BEER 5. 12.  
C. PARKER 5.  
J. ENDEACOTT 5.  
B. BURKE 5.

Clinic Nurses:

Part-time: Mrs. C. WOOD 5. Mrs. E. BIRKETT 10.

### **Day Nurseries**

Craigie Lea Day Nursery, Ovenden: Matron, Mrs. M. R. WILSON 5. 8.  
Ling Bob Day Nursery, Pellon: Matron, Miss M. GOODWIN 5.

### **Mental Health Service**

Senior Mental Welfare Officer: L. HOLDSWORTH

Mental Welfare Officer: R. MUDD

Mental Welfare Assistants: P. NICKERSON, Miss J. NICHOLSON,  
M. SCOTT

Mental Welfare Officers (auxiliary): H. HUDSON, Miss S. L. WALKER

### **Training Centre**

Supervisor: Miss L. BALL

Five Assistant Supervisors

Male Instructor Mr. C. GREENWOOD

### **Ambulance Service**

Ambulance Officer: W. FITTON

4 Shift Leaders, 16 Driver/Attendants, 2 Switchboard Operators

### **Domestic Help Organiser**

Mrs. A. FRIEND 5. 11.

### **Part Time**

Mr. J. N. I. EMBLIN, F.R.C.S., F.R.C.O.G. (Obstetrician)

R. MALLINDER, B.Sc., F.I.C. (Public Analyst)

Miss G. DAVIE, S.R.N., S.C.M., H.V's Cert. (Special Treatment Centre)

F. LUXTON, M.Ch.S., M.R.S.H. (Chiropodist)

W. AKROYD, M.Ch.S. (Chiropodist)

### **Qualifications Denoted:**

1. Public Health Inspector's Certificate
2. Meat Inspector's
3. Smoke Inspector's
4. Diploma San. Sc. (Building & Public Works)
5. State Registered Nurse
6. State Certified Midwife
7. Health Visitor's Certificate
8. Registered Fever Nurse
9. Registered Sick Children's Nurse
10. Enrolled Assistant Nurse
11. Registered Mental Nurse
12. Queen's Nurse

# Annual Report - 1963

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## COUNTY BOROUGH OF HALIFAX FOR THE YEAR 1963

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my sixth annual report which is the 91st in the series. It is on the same lines as last year being arranged in sections with introductory narrative and it may be necessary only to pin-point in a general preface those health matters of special significance.

The mid-year population of the County Borough was calculated to be 95850. The birth rate per thousand population for the year was 17.5 compared with 17.1 in 1962 and the death rate was 16.6 compared with 14.8 in 1962. The vital statistics are dealt with in Section I and comment on the unsatisfactory mortality position is dealt with below.

The occurrence of diphtheria during 1963 was a sombre reminder that diphtheria protection must be maintained at a higher level in Halifax. The percentage of school children immunised must be more than doubled to prevent an epidemic at any time during the winter months. The two cases of diphtheria due to a strain prevalent in Keighley was the cause of much hard work examining contacts 200 and treating carriers 20 but all the skill and energy in treatment is a dangerous and uncertain measure compared to the simplicity of protective inoculation, if parents would co-operate in ensuring the attendance of their babies at surgeries or child welfare clinics for this purpose. Investigation of preventing other diseases particularly measles and influenza have been kept in mind during the year but no scheme will be introduced until the antigens, as in the case of diphtheria toxoid, are proved to be safe and effective. While it is not too sanguine to pronounce the complete triumph in relation to poliomyelitis protection, cleaning and processing of wool fibres in guarding against anthrax may be not alone completely foolproof without an appropriate vaccine for those at risk. The onset of anthrax in either localised (malignant pustule) or generalised (wool-sorters disease) can be of grave public health significance. Without instituting the appropriate factory and public health measures in preventing the disease the occurrence of three cases in 1963 described elsewhere in the text could be of ominous import.

The year 1963, particularly in the first quarter, was the coldest and driest for many years with a high relative humidity, a prevalence of winds blowing from the east and north-east and lower temperatures than usually recorded -- 30F. It may be a simplification of facts to correlate the high mortality position in



young infants and old people with the arctic-like conditions. Whatever the exact cause or causes of unsatisfactory death rates set forth in Section I the differential mortality was striking inasmuch as early neo-natal (15), peri-natal (46) and middle age (374) deaths were less than for many years, whilst in old age over 65 (1103), and from one month to one year 27, the number of deaths, mainly respiratory, were correspondingly higher. One must conclude that the young and very old should be carefully protected against the natural elements and whilst adequate treatment facilities in hospital or welfare homes must be readily available for old people, community care, to be effective, calls, not only for a higher housing standard but for a closer integration of effort between general practitioners and the public health services. The Health Visitor and the preventive services generally must advise mothers concerning the ways and means of shielding children and old people from cold and must keep the general practitioners informed where early treatment may be indicated. The Home Help Service with which the voluntary services must become closely aligned, should be ready and used more extensively to provide the basic pattern of care within the home conducive of clinical and social well-being especially in wintry weather. Reports from geriatric visitors give a clear indication that old people live in fear of the threat of being admitted to hospital but with due regard to their comforts, desires and health, the national economy may require that costly hospital bed services should be used only where admission cannot be prevented.

The year under review has seen intensive effort to co-ordinate hospital after-care and by the end of 1964 the position will be evaluated and reported. At the present time it is sufficient to say that special report forms have been made available to hospitals so that the medical services can direct each and every health requirement to the ex-patient where this is required.

Adverse social factors and disease are commonplace observations which are linked closely together in the public mind but are not often tested with any degree of validity having regard to the incidence of illness in the community. Section II shows that mental illness, tuberculosis and venereal disease increased beyond the ordinary rates in foreign residents where environment and community life are disturbed through immigration. This Section also takes note of the sharp rise in suicide from 8 in 1962 to 21 in 1963 and discusses the possible reasons. There are many individual causes of suicide all of which can be included under the cover of psychiatry. Of the immediate exciting causes, however, there may be at least two preceding emotional reactions detectable. The first, in a person of independent spirit who may not wish to be a burden on the community and the second, in a man or woman who may have previously enjoyed life and society to the full but finds it meaningless and unsatisfying. The Local Association of Mental Health, Samaritans, and the general public, given the opportunity to recognise these feelings, can give support where necessary.



The present arrangement for nursing by the Halifax District Nursing Association is also referred to. The nursing of new cases may be reducing in volume and in character. There may be a change from a predominance of acute nursing to nursing chronic conditions. Chronic bronchitis receives special mention due to efforts to systematise visitation where this is required. In addition to difficulties in diagnosis and treatment, visitation brings into sharp focus two matters, first, the need for organised prevention against the inhalation of smoke which is receiving attention from the smoke control point of view, and secondly, the problem of rehabilitation, re-employment and the assistance which may be given by the nurses responsible for visiting chest cases. Chronic bronchitis—rating in the region of a 6% community incidence—indicates that the deployment of tuberculosis staff in a bronchitis campaign would alleviate a pressing social need.

It is characteristic of many of the most important current diseases that they develop insidiously and may not be recognised by traditional methods in a doctor's surgery for, by the time symptoms arise and consultations take place, it may be too late for effective treatment. A proportion of the patients treated by the Nursing Association are missed cases in this category. Cancer in the early stages may produce no symptoms so that its presence is entirely unsuspected. Old people, also, not receiving medical attention routinely may suffer from hidden complaints like anaemia and nutritional deficiencies. In the same way, a great number of coronary thrombosis victims in middle age develop the disease without any warning, some of whom may have had a high blood pressure and similarly for blindness complicating glaucoma or cataract. In the first half of the 20th century diagnosis was directed towards serious illnesses such as pneumonia, tuberculosis, diphtheria, appendicitis and these were the diseases which were conspicuous during this period. The bulk of the present day diseases, however, are associated with the changing metabolism of ageing tissues and cells, develop insidiously and may not be discovered until it is too late for effective therapy. New methods of routine examination analagous to x-ray surveys are being introduced to counteract these defects in early diagnosis. A pilot scheme for diabetes detection in the community at the time of Mass Radiography, showed that cases of diabetes can be discovered who might otherwise have been missed; consideration also has been given to routine cytological examination in the detection of cancer of the womb. The Health Department promises support in referring examination material from ante-natal, welfare or well female groups, whilst cytological techniques are being mastered by the hospital pathology department. Less tedious chemical tests promise a quicker turnover than cytological screening and when developed these should give some promise for the future.

The new frontiers of health administration lie close to the province of hospital disease control. To consider health independently may be nebulous and unproductive. In any case, the

medical profession, and especially the general practitioner services, should be encouraged and assisted in all known ways of discovering incipient or dangerous complaints. At the same time, the new concepts of health depend on the balanced pleasurable reactions in related social groups. Under the auspices of the various sections of the department club activity is in progress for toddlers, expectant mothers, child guidance, subnormality, mental health, etc., and the many organisations sponsored by voluntary services encourage the same thing. Club activity for many attending doctors' surgeries particularly for those with psycho-somatic symptoms and who are happily free from disease would have a two-fold beneficial effect in producing not only a more positive health in those with functional disorders but would give the doctors time to concentrate on detecting diseases by the new methods and an opportunity of treating, when discovered early enough, to promise hope of success.

The Ambulance Service has continued to give valuable service to the community and there has been an increase in journeys and miles covered. Members of the staff attended special instruction on dealing with head injuries and resuscitation. New methods of transporting and dealing with serious accidents will be effective in saving many lives.

The number of food poisoning cases assessed by notification or otherwise were less than in the previous year. In the bacteriological examination of related samples of food, faecal and otherwise, the department is deeply grateful to the Public Health Laboratory Services and to the Medical Director for the devoted work given on behalf of Halifax. Related to food poisoning; examination of ice-cream samples is important. There has been an increase in the number of unsatisfactory ice-cream samples and in the Department's opinion, this is entirely due to the carelessness of food handlers. The food inspectors are watching the matter but language difficulties arise when trying to explain routine hygienic practices.

During the year the Meat Inspection services at the Abattoir have been reorganised. The markings of all carcasses once they have been inspected and found fit for human consumption, has now been made compulsory and the method of inspection has been laid down by regulation. To offset the additional work involved charges are made for this inspection. The increase is condemned offal again pin-points a rise in the infestation of livers by fluke; the rise may be due to obtaining live cattle from areas known to be heavily infested.

The rate of representation of unfit houses increased during the year according to the new programme. At the same time publicity was given to standard and improvement grant allocations to prevent other houses falling into decay. An exhibition over a period of three weeks on the work of the Housing Section was attended by 14,000 people. Improvement Grants doubled during the year but it is still unfortunate that only 7.4% of



standard grants allocated were for tenanted houses. Legislation, in due course, will help tenants of houses who want modern amenities and are prepared to pay for them in spite of an unwilling landlord.

An outstanding event in the environmental services was the conversion during the year of the Power Station to oil. This has eliminated a long standing nuisance in the form of volumes of coal smoke, which drifted over the town. It is gratifying to note that the sulphur content of the flue gases has been reduced very considerably.

During the year health education by public lectures delivered by doctors, health visitors and inspectors, were continued. A special lecture demonstration was given to a secondary modern school on smoking and lung cancer and the M.O.H. also participated in a special course on 'Preparation for Retirement' delivered at the Municipal College. The techniques of Health Education including films, film strips and flannelgraphs are all available to members of the Health Department staff in relation to this work.

A full report is given to the work of the Mental Health Section in Section III. As much as possible the service links its efforts with the Infant Welfare and Child Guidance Teams. By doing so an attempt is made to promote family welfare and to satisfy the many psychological concepts leading to the maintenance of the stability of family life. All facets of the combined service have in common the need to build up club activity which has already been referred to.

I would like to take this opportunity of thanking the Chief Public Health Inspector, Lay Administrative Officer and all sections of the staff for their assistance and I should like to thank you, Mr. Chairman and Members of the Health Committee for your support.

Yours faithfully,

JOHN G. CAIRNS,

Medical Officer of Health.

## SECTION I

### STATISTICS AND POPULATION

1,678 live births were registered during the year equivalent to a crude birth rate of 17.51. The rate for 1962 was 17.13. When multiplied by the Area Comparability Factor, the adjusted rate for 1963 is 18.91 which corresponds with the rate for England and Wales of 18.2. Illegitimate live births numbered 167, as compared with 120 in 1962 and equal to 9.95% of the total live births. Notifications of premature births during 1963 showed an increase of 36 on the previous year. Details of all premature live and still births for two years are shown in Table II.

There was a decrease in the number of still births during the year, the figures being 31 in 1963 and 37 in 1962. The rates for the two years were 18.14 and 21.95 respectively, whilst the rate for England and Wales for 1963 was 17.3. Deaths of infants under one week were fewer than in the previous year and the total Perinatal deaths numbered 46. The Perinatal mortality rate produced by this figure per 1,000 live and still births is 26.92 (England and Wales 29.3). This compares with the 1962 rate of 33.21 and the 1961 rate of 36.23. Perinatal mortality is a sensitive index of the standard of ante-natal care which is satisfactory. The Infant Mortality position, however, with reference to infants from 1 month to 12 months is unsatisfactory.

The total number of children who died under the age of one year was 49 compared with 33 in the previous year and the infant mortality rates for the two years were 29.20 in 1963 and 20.0 in 1962 per 1,000 live births. The figure for England and Wales for 1963 was 20.9. The figure relating to infant mortality for a ten year period are shown in Table V. Twenty-two children died during the first four weeks of life giving a neo-natal mortality rate of 13.11 per 1,000 live births compared with the England and Wales rate of 14.2. In 1962 the local rate was 13.95 whilst that for the country as a whole was 15.1. The number who died between the ages of one month and twelve months was 27 compared with 10 in 1962. The rate of 16.1 for 1963 shows a considerable increase in the 1962 rates, which was 6.1. Further details concerning infant mortality are given in Tables IV to IX. The principal causes to which the deaths of children under one year of age were attributed are shown in Tables VIII and IX.

Deaths of Halifax residents totalled 1,587 in 1963, of which 754 were males and 833 were females. The crude death rate was 16.55 per thousand compared with 14.77 for 1962. When the crude death rate is multiplied by the area comparability factor the adjusted death rate is 15.56 which compares with 14.03 in 1962. The rate for England and Wales for 1963 was 12.2. There were no maternal deaths during the year. In Table X the death rates are shown for Halifax and England and Wales for the past ten years.



There were 6 deaths from influenza, equivalent to a rate of 0.06 per thousand population as against a rate of 0.01 in 1962 and 0.22 in 1961. The total number of deaths from other respiratory diseases, excluding respiratory tuberculosis, showed an increase on the previous year, 232 being recorded compared with 191 in 1962.

The "Short List" of causes of death (Table XI) confirms that Infectious Diseases and Tuberculosis are no longer major causes of death; over the years they have been replaced by cancer, heart disease and cerebro-vascular conditions. There were 256 deaths due to malignant neoplasms in 1963, an increase on the previous year's figure. The rate per thousand estimated population was 2.67 as against the rate of 2.44 in 1962. Cancer deaths accounted for 16.13 per cent. of the total deaths for the year under review as compared with 16.53 per cent. in 1962 and 16.47 in 1961. Further comparisons on the deaths from this disease in recent years is given in Table XII. Sixty-one deaths were attributed to cancer of the lung and bronchus, an increase of 12 over the previous year. The greatest number of deaths occurred in males in the age-group 45-64 years. Deaths from cancer of the stomach numbered 38 compared with 35 in 1962 and 49 in 1961. Table XIII gives an analysis of deaths from malignant neoplasms showing the parts of the body affected and the age at which death occurred. Deaths from Coronary Disease have increased this year, there being 390 deaths as against 351 during 1962. The rate per estimated 1,000 population being 4.07 as against 3.65 for 1962 (Tables XIV-XVII).

## STATISTICS AND SOCIAL CONDITIONS OF THE AREA

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### Summary

Latitude	.....	.....	.....	.....	.....	53° 44' North
Longitude	.....	.....	.....	.....	.....	1° 50' West
Mean Height above sea level	.....	.....	.....	.....	.....	780 feet
Area (Acres)	.....	.....	.....	.....	.....	14,081
Population (Census 1931)	.....	.....	.....	.....	.....	98,115
(Males 44,600. Females 53,515)						
Population (Census 1951)	.....	.....	.....	.....	.....	98,376
(Males 45,487. Females 52,889)						
Population (Registrar General's Estimate 1963)	.....	.....	.....	.....	.....	95,850
Population (Census 1961)	.....	.....	.....	.....	.....	96,073
Density of population per acre	.....	.....	.....	.....	.....	6.83
Number of inhabited houses (1931 Census)	.....	.....	.....	.....	.....	28,488
Number of inhabited houses on 31st December, 1963, according to the Rate Books	.....	.....	.....	.....	.....	34,451
Average number of persons to each occupied house	.....	.....	.....	.....	.....	2.78
Rateable Value (31st December, 1963)	.....	.....	.....	.....	.....	£2,612,987
Sum represented by a Penny Rate (1963-64)	.....	.....	.....	.....	.....	£10,400

### Extract from Vital Statistics for the Year

			Male	Female	Total
Live Births—Legitimate	.....	.....	782	729	1,511
Illegitimate	.....	.....	76	91	167
Total	.....	.....	858	820	1,678
Live Birth Rate per 1,000 Estimated Resident Population					
Crude	.....	.....	.....	.....	17.51
Adjusted	.....	.....	.....	.....	18.91
Illegitimate Live Births per cent. of total live births	.....	.....	.....	.....	9.95

# Extract from Vital Statistics for the Year (cont.)

	Male	Female	Total
Stillbirths—Legitimate .....	20	9	29
Illegitimate .....	1	1	2
Total .....	21	10	31
Stillbirth Rate per 1,000 Live and Stillbirths .....			18.14
Total Live and Stillbirths .....			1,709
Deaths of Infants:—	Male	Female	Total
Under 1 year of age—Legitimate .....	20	22	42
Illegitimate .....	6	1	7
Total .....	26	23	49
Infant Mortality Rates:—			
Total Infant Deaths per 1,000 total live births .....			29.20
Legitimate Infant Deaths per 1,000 Legitimate Live Births .....			27.79
Illegitimate Infant Deaths per 1,000 Illegitimate Live Births .....			41.91
Deaths of Infants:—	Male	Female	Total
Under 4 weeks of age—Legitimate .....	8	12	20
Illegitimate .....	2	—	2
Total .....	10	12	22
Neo-Natal Mortality Rate per 1,000 total live births .....			13.11
Deaths of Infants:—	Male	Female	Total
Under the age of 1 week—Legitimate .....	6	7	13
Illegitimate .....	2	—	2
Total .....	8	7	15
Early Neo-Natal Mortality Rate per 1,000 total live births .....			8.94
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) .....			26.92
Maternal Deaths (including abortion) .....			Nil
Maternal Mortality Rate per 1,000 Live Stillbirths .....			0.00
	Male	Female	Total
TOTAL DEATHS (all ages) .....	754	833	1,587
Death rate per 1,000 Estimated Resident Population			
Crude .....			16.55
Adjusted .....			15.56
Area Comparability Factors—Births .....			1.08
Deaths .....			0.94

TABLE I  
The Population of the Borough of Halifax

Year	Population	Note
1848	40,000	Borough Incorporated
1861	51,937	
1871	65,510	
1881	63,360	
1891	82,864	
1892	83,364	Borough extended by the additions of Ovenden and Illingworth Wards.
1899	90,934	
1900	96,684	Borough extended by the addition of Copley Ward.
1901	104,936	
1911	101,566	Borough extended by the additions of Warley and Northowram Wards.
1921	100,700	
1931	98,115	Mid-year density of population per acre 6·3.
1945	89,390	
1946	93,280	
1947	94,580	
1948	96,420	
1949	97,820	Mid-year density of population per acre 6·9.
1950	98,840	
1951	97,490	
1952	97,320	
1953	97,070	
1954	97,130	6·88
1955	96,870	6·85
1956	96,440	
1957	95,430	
1958	95,250	
1959	94,980	
1960	94,900	96,073 (Census 1961).
1961	95,980	
1962	96,250	
1963	95,850	



**TABLE II**  
**BIRTH RATES, 1954-63**

Years	HALIFAX		ENGLAND AND WALES BIRTH RATE
	No. of Births	Birth Rate per 1,000 Population	
1954	1,422	14.6	15.2
1955	1,383	14.3	15.0
1956	1,543	15.6	15.6
1957	1,501	15.7	16.1
1958	1,524	16.0	16.4
1959	1,512	15.9	16.5
1960	1,612	17.0	17.1
1961	1,569	16.3	17.4
1962	1,649	17.1	18.0
1963	1,678	17.5	18.8

**TABLE II(a)**  
**PREMATURE LIVE BIRTHS, 1962-63**

Premature Live Births Notified	YEARS	
	1963	1962
(a) Born in Hospital .. .. .	131	105
(i) Died within 24 hours of birth .. .. .	2	13
(ii) Survived 28 days .. .. .	122	90
(b) Born at home and nursed entirely at home ..	28	18
(i) Died within 24 hours of birth .. .. .	2	—
(ii) Survived 28 days .. .. .	25	18
(c) Born at home and transferred to hospital before 28th day .. .. .	2	2
(i) Died within 24 hours of birth .. .. .	—	—
(ii) Survived 28 days .. .. .	1	2
(d) Born in Nursing Home and nursed entirely there	—	—
(i) Died within 24 hours .. .. .	—	—
(ii) Survived 28 days .. .. .	—	—

**TABLE II(b)**  
**PREMATURE STILLBIRTHS, 1962-63**

Premature Stillbirths Notified	YEARS	
	1963	1962
(a) Born in Hospital .. .. .	11	18
(b) Born at Home .. .. .	—	—

**TABLE III**  
**STILLBIRTHS AND PERINATAL MORTALITY**

Year	Total Number of Stillbirths	Deaths in the First Week	Total Perinatal Deaths
1954	31	25	56
1955	28	17	45
1956	34	14	48
1957	33	16	49
1958	24	29	53
1959	29	20	49
1960	33	26	59
1961	32	26	58
1962	37	19	56
1963	31	15	46

**TABLE IV**  
**STILLBIRTHS AND PERINATAL MORTALITY**

Year	No. of Stillbirths Registered during the year per 1,000 live and Still- births		Number of stillbirths along with the number of deaths of children under the age of one week per 1,000 live and Stillbirths registered during the same year	
	Stillbirth Rate		Perinatal Mortality Rate	
	Halifax	England & Wales	Halifax	England & Wales
1954	21.34	23.5	38.54	38.1
1955	19.84	23.2	31.89	37.6
1956	21.56	22.9	30.44	36.8
1957	21.51	22.5	31.94	36.2
1958	15.50	21.6	34.24	35.1
1959	18.82	21.0	31.80	34.2
1960	20.06	19.3	35.87	32.9
1961	19.99	19.1	36.23	32.2
1962	21.95	18.1	33.21	30.8
1963	18.14	17.3	26.92	29.3

**TABLE V**  
**INFANT MORTALITY RATES, 1954-63**

Year	Births	HALIFAX		ENGLAND AND WALES RATE
		Deaths of Infants under one year	Infant Mortality Rate per 1,000 live births	
1954	1,422	47	33.0	25.4
1955	1,383	30	21.7	24.9
1956	1,543	37	24.0	23.7
1957	1,501	28	18.6	23.1
1958	1,524	42	27.6	22.6
1959	1,512	35	23.2	22.0
1960	1,612	52	32.3	21.7
1961	1,569	51	32.5	21.6
1962	1,649	33	20.0	21.4
1963	1,678	49	29.2	20.9

**TABLES VI and VII**  
**NEO-NATAL AND POST NEO-NATAL MORTALITY**  
**1954-63**

Years	Total Infant Deaths	NUMBER OF DEATHS AND MORTALITY RATE					
		Neo-Natal Period			Post Neo-Natal Period		
		HALIFAX		ENGLAND & WALES	HALIFAX		ENGLAND & WALES
		Number of Deaths	Mortality Rate per 1,000 Live Births	Mortality Rate per 1,000 Live Births	Numbers of Deaths	Mortality Rate per 1,000 Live Births	Mortality Rate per 1,000 Live Births
1954	47	31	21.80	17.7	16	11.25	7.7
1955	30	20	14.06	17.3	10	7.23	7.6
1956	37	23	14.91	16.8	14	9.07	7.0
1957	28	20	13.32	16.5	8	5.33	6.5
1958	42	31	19.70	16.2	11	7.2	6.4
1959	35	21	13.90	15.8	14	9.3	6.2
1960	52	32	19.85	15.6	20	12.4	6.3
1961	51	32	20.39	15.5	19	12.1	6.2
1962	33	23	13.95	15.1	10	6.7	6.3
1963	49	22	13.11	14.2	27	16.1	6.7

**TABLE VIII**  
**INFANT MORTALITY**

Principal Causes	No.	Percentage of Total Deaths	
		1963	1962
Prematurity .. .. .	12	24.49	33.3
Pneumonia .. .. .	22	44.89	27.3
Congenital Malformations .. .. .	6	12.24	18.2

TABLE IX  
INFANT MORTALITY DURING THE YEAR

Deaths from Stated Causes at Various Ages under 1 Year of Age											
CAUSE OF DEATH	AGE GROUPS										
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1 Month and under 3 months	3-6 months	3-6 months	9-12 months	Total Deaths under 1 year	Deaths in Institutions
Prematurity .. ..	11	—	—	—	11	1	—	—	—	12	12
Pneumonia .. ..	2	2	1	—	5	8	5	4	—	22	14
Cong. Malformations ..	1	—	1	2	4	—	2	—	—	6	4
Bronchitis .. ..	—	—	—	—	—	—	—	—	1	1	1
Enteritis .. ..	—	—	—	—	—	—	1	—	—	1	—
Nephritis .. ..	—	—	—	—	—	—	—	—	1	1	—
Accident .. ..	—	—	—	—	—	1	—	—	—	1	—
Meningitis .. ..	—	—	—	—	—	1	—	—	—	1	1
Peritonitis .. ..	—	—	1	—	1	—	—	—	—	1	1
Intestinal Obstruction ..	—	—	—	—	—	—	—	1	—	1	1
Staphylococcal Septicaemia ..	—	—	—	—	—	—	—	1	—	1	1
Asphyxia .. ..	1	—	—	—	1	—	—	—	—	1	1
TOTAL .. ..	15	2	3	2	22	11	8	6	2	49	36



TABLE A TABLE SHOWING CAUSES OF AND AGES OF DEATH

CAUSE OF DEATH	Total Deaths	AGE GROUPS							75 and over
		Under 1	1-4 years	5-14 years	15-24 years	25-44 years	45-64 years	65-74 years	
Tuberculosis, Respiratory ..	6	—	—	—	—	1	3	1	1
„ Other ..	—	—	—	—	—	—	—	—	—
Syphilitic Disease ..	2	—	—	—	—	—	1	1	—
Diphtheria ..	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—
Meningococcal Infection ..	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—
Measles ..	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Disease ..	3	—	—	1	—	1	—	1	—
Malignant Neoplasm, Stomach ..	38	—	—	—	—	1	11	12	14
Lung and Bronchus..	61	—	—	—	—	3	34	12	12
Breast ..	21	—	—	—	—	—	10	9	2
Uterus ..	11	—	—	—	—	2	5	3	1
Others ..	125	—	—	—	—	3	47	45	30
Leukaemia and Aleukaemia ..	3	—	—	—	—	—	1	1	1
Diabetes ..	7	—	—	—	—	—	1	3	3
Vascular Lesions of Nervous System ..	241	—	—	—	—	3	34	58	146
Coronary Disease, Angina ..	390	—	—	—	—	6	99	118	167
Hypertension with Heart Disease ..	15	—	—	—	—	—	5	5	5
Other Heart Disease ..	121	—	—	—	—	3	17	20	81
Other Circulatory Disease ..	89	—	—	—	—	1	12	15	61
Influenza ..	6	—	—	—	—	—	1	1	4
Pneumonia ..	129	22	1	—	1	2	20	20	63
Bronchitis ..	86	1	1	—	—	—	17	28	39
Other Diseases of Respiratory System ..	11	—	1	—	—	1	3	2	4
Ulcer of the Stomach and Duodenum ..	13	—	—	—	—	—	5	6	2
Gastritis, Enteritis and Diarrhoea ..	7	1	—	—	—	—	1	1	4
Nephritis and Nephrosis ..	5	1	—	—	—	1	—	1	2
Hyperplasia of Prostrate ..	7	—	—	—	—	—	—	3	4
Pregnancy, Childbirth and Abortion ..	—	—	—	—	—	—	—	—	—
Congenital Malformations ..	9	6	1	—	—	—	2	—	—
Other Defined and Ill-defined Diseases ..	190	17	—	2	2	3	24	22	30
Motor Vehicle Accidents ..	15	—	2	2	1	3	4	—	3
All Other Accidents ..	45	1	1	—	1	2	9	6	25
Suicide ..	21	—	—	—	3	5	8	3	2
Homicide and Operations of War ..	—	—	—	—	—	—	—	—	—
TOTALS ..	1,587	49	7	5	8	41	374	397	706

**TABLE XI**  
**DEATH RATES, 1954-63**

Years	HALIFAX		ENGLAND and WALES
	Number of Deaths	Death Rate per 1,000 Population	
1954	1,457	15.0	11.3
1955	1,522	15.7	11.7
1956	1,495	15.5	11.7
1957	1,482	15.5	11.5
1958	1,422	14.9	11.7
1959	1,400	14.7	11.6
1960	1,371	14.4	11.5
1961	1,534	16.0	12.0
1962	1,422	14.8	11.9
1963	1,587	16.6	12.2

**TABLE XII**  
**CANCER DEATHS 1954-63**

Years	Number of Cancer Deaths	Males	Females	Death Rate Per 1,000 Population	Deaths from all Causes	Per- centage of total Deaths
1954	244	126	118	2.51	1,457	16.75
1955	253	114	139	2.61	1,522	16.68
1956	214	118	96	2.22	1,495	14.31
1957	252	118	134	2.60	1,482	17.01
1958	236	115	121	2.48	1,422	16.60
1959	234	120	114	2.46	1,400	16.71
1960	209	103	106	2.20	1,371	15.24
1961	252	127	125	2.63	1,534	16.43
1962	235	112	123	2.44	1,422	16.53
1963	256	140	116	2.67	1,587	16.13

**TABLE XIII**  
**CANCER DEATHS—PARTS OF BODY AFFECTED**

Parts Affected	Age		Under 25		25-44		45-64		65-74		75 & Over		Totals		Totals	
	Sex		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	1963		1962	
													M.	F.	M.	F.
Stomach ..	—	—	—	—	1	—	5	6	6	6	7	7	19	19	18	11
Lung and Bronchus ..	—	—	—	—	3	—	31	3	8	4	11	1	53	8	41	8
Breast .. ..	—	—	—	—	—	—	1	9	1	8	—	2	2	19	1	22
Uterus ..	—	—	—	—	—	2	—	5	—	3	—	1	—	11	—	13
Others ..	—	—	—	—	2	1	28	19	22	23	14	16	66	59	52	55
TOTALS ..	—	—	—	—	6	3	65	42	37	44	32	27	140	116	112	127

**TABLE XIV CORONARY DISEASE, ANGINA**

Years	Number of Coronary Deaths	M.	F.	Death Rate per 1,000 Population	Deaths from All Causes	Percentage of Total Deaths
1954	235	136	99	2.42	1,457	16.12
1955	264	164	100	2.73	1,522	17.35
1956	250	137	113	2.59	1,495	16.72
1957	260	153	107	2.72	1,482	17.54
1958	313	184	129	3.29	1,422	22.01
1959	321	178	143	3.38	1,400	22.93
1960	331	185	146	3.49	1,371	24.14
1961	403	242	161	4.20	1,534	26.27
1962	351	179	172	3.65	1,422	24.68
1963	390	204	186	4.07	1,587	24.57

**TABLE XV OTHER HEARTS DISEASES**

Years	Number of Deaths	M.	F.	Death Rate per 1,000 Population	Deaths from All Causes	Percentage of Total Deaths
1954	264	108	156	2.72	1,457	18.12
1955	256	93	163	2.64	1,522	16.82
1956	269	117	152	2.79	1,495	17.99
1957	249	76	173	2.61	1,482	16.80
1958	221	83	138	2.32	1,422	15.54
1959	191	78	113	2.01	1,400	13.64
1960	185	77	108	1.95	1,371	13.49
1961	164	61	103	1.71	1,534	10.69
1962	169	67	102	1.76	1,422	11.88
1963	136	38	98	1.42	1,587	8.57

**TABLE XVI VASCULAR LESIONS OF NERVOUS SYSTEM**

Years	Number of Deaths	M.	F.	Death Rate per 1,000 Population	Deaths from All Causes	Percentage of Total Deaths
1954	238	98	140	2.45	1,457	16.33
1955	282	99	183	2.91	1,522	18.53
1956	316	124	192	3.28	1,495	21.14
1957	254	102	152	2.62	1,482	17.14
1958	238	75	163	2.50	1,422	16.74
1959	207	91	116	2.18	1,400	14.78
1960	218	84	134	2.30	1,371	15.90
1961	231	90	141	2.41	1,534	15.06
1962	211	76	135	2.19	1,422	14.87
1963	241	80	161	2.51	1,587	15.18

**TABLE XVII DEATHS FROM PRINCIPAL CAUSES IN AGE GROUPS**

CAUSE	Age Sex	Under 25		25-44		45-64		65-74		75 and over		Totals 1963		Totals 1962	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Coronary ..	—	—	—	6	—	80	19	68	50	50	117	204	186	179	172
Other Heart Diseases ..	—	—	—	3	—	8	14	10	15	17	69	38	98	67	102
Cerebral Haemorrhage	—	—	—	1	2	18	16	20	38	41	105	80	161	76	135
Cancer ..	—	—	—	6	3	65	42	37	44	32	27	140	116	112	123
TOTALS ..	—	—	—	16	5	171	91	135	147	140	318	462	561	434	532



TABLE XVIII

	Year	Birthrate per 1,000 Total Popula- tion	Annual Deathrate per 1,000 Population						Rate per 1,000 Births	
			ALL CAUSES	Typhoid and Para-Typhoid	Small-Pox	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under two years)	DEATH; under one year
England and Wales	1963	18.8	13.4	*	*	*	*	*	*	20.9
	1953	14.57	15.15	0.00	0.00	0.00	0.00	0.18	0.0	29.70
HALIFAX	1954	14.60	15.00	0.00	0.00	0.00	0.00	0.02	0.7	33.05
	1955	14.29	15.73	0.00	0.00	0.00	0.00	0.03	0.7	21.69
	1956	15.99	15.50	0.00	0.00	0.00	0.00	0.01	1.3	23.98
	1957	15.73	15.53	0.00	0.00	0.00	0.00	0.06	0.0	18.65
	1958	16.00	14.93	0.00	0.00	0.00	0.00	0.02	0.0	27.56
	1959	15.92	14.74	0.00	0.00	0.00	0.00	0.25	0.0	23.15
	1960	16.99	14.45	0.00	0.00	0.00	0.00	0.01	1.2	32.36
	1961	16.35	15.98	0.00	0.00	0.00	0.00	0.22	1.3	32.50
	1962	17.13	14.77	0.00	0.00	0.00	0.00	0.01	0.6	20.01
	1963	17.51	16.55	0.00	0.00	0.00	0.00	0.06	0.6	29.20



TABLE XIX

## Vital and Mortality Statistics for Halifax during the last 21 years

Year	Death Rate	Infant Mortality Rate	Maternal Mortality Rate	Tuberculosis (all forms)		Diphtheria		Scarlet Fever		Typhoid and Para-typoid		Cerebro Spinal Fever		Poliomyelitis	
				New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths
1943	15.4	50	1.9	123	68	127	4	411	nil	2	2	nil	2	2	nil
1944	14.5	38	2.3	156	54	118	4	481	nil	nil	nil	nil	nil	nil	nil
1945	16.1	42	2.0	110	53	92	5	173	nil	nil	nil	nil	nil	nil	nil
1946	14.4	31	1.1	69	41	17	nil	74	nil	73	nil	nil	nil	1	nil
1947	14.8	42	0.52	87	44	21	2	84	nil	2	nil	3	nil	6	nil
1948	13.8	29	0.58	61	32	9	nil	161	nil	*1	1	2	nil	1	1
1949	15.4	33	0.50	77	32	8	nil	222	nil	nil	nil	1	1	7	1
1950	14.8	39	1.23	85	29	1	nil	293	nil	3	nil	nil	nil	3	nil
1951	15.2	28	0.00	179	30	nil	nil	123	nil	15	nil	nil	nil	10	nil
1952	14.1	27	0.69	107	19	nil	nil	191	nil	2	nil	nil	nil	2	nil
1953	15.2	30	0.00	122	22	nil	nil	88	nil	3	nil	1	nil	3	nil
1954	15.0	33.05	1.38	121	19	nil	nil	90	nil	nil	nil	nil	nil	2	nil
1955	15.7	21.69	0.70	105	16	nil	nil	215	nil	1	nil	nil	nil	4	nil
1956	15.5	23.98	0.63	82	13	nil	nil	150	nil	2	nil	nil	nil	3	nil
1957	15.5	18.65	0.65	82	14	nil	nil	32	nil	4	nil	nil	nil	2	nil
1958	14.9	27.56	0.65	56	12	nil	nil	52	nil	nil	nil	nil	nil	33	2
1959	14.7	23.15	0.00	45	6	nil	nil	123	nil	nil	nil	nil	nil	nil	nil
1960	14.4	32.26	0.61	48	12	nil	nil	32	nil	1	nil	nil	nil	nil	nil
1961	16.0	32.50	0.00	48	13	nil	nil	8	nil	1	nil	nil	nil	3	nil
1962	14.8	20.01	0.00	80	8	nil	nil	7	nil	nil	nil	nil	nil	nil	nil
1963	16.6	29.20	0.00	63	6	2	nil	15	nil	nil	nil	nil	nil	nil	nil

\*Transferred

TABLE XX  
Vital and Mortality Statistics for Halifax during the last 21 years (continued)

Year	Pneumonia		Whooping Cough		Smallpox		Cancer Deaths	Heart Diseases Deaths	Cerebral Haemorrhage Deaths
	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths			
1943	236	55	211	4	nil	nil	205	374	179
1944	124	38	201	3	nil	nil	177	366	199
1945	103	43	133	2	nil	nil	219	398	237
1946	69	35	153	2	nil	nil	206	464	182
1947	67	37	237	1	nil	nil	214	455	188
1948	62	39	295	1	nil	nil	206	415	213
1949	85	71	92	1	nil	nil	241	471	203
1950	59	43	374	1	nil	nil	239	505	208
1951	73	49	145	nil	nil	nil	211	468	231
1952	41	30	153	nil	nil	nil	230	454	238
1953	54	65	154	nil	4	nil	261	451	239
1954	23	46	72	nil	nil	nil	244	499	238
1955	80	38	111	nil	nil	nil	253	520	282
1956	71	56	152	nil	nil	nil	214	519	316
1957	34	67	70	nil	nil	nil	252	509	254
1958	36	61	37	nil	nil	nil	236	534	238
1959	23	80	47	nil	nil	nil	234	512	207
1960	8	73	43	nil	nil	nil	209	516	217
1961	15	83	30	nil	nil	nil	252	567	231
1962	13	87	6	nil	nil	nil	235	520	211
1963	11	129	8	nil	nil	nil	256	526	241

TABLE XXI Table showing comparative yearly Vital and Mortality Statistics from 1954 to 1963 inclusive

Year	Birth-rate	Death-rate	Infant Mortality Rate	Maternal Mortality Rate	Pulmonary Tuberculosis		Venereal Diseases		Pneumonia	
					New Cases	Death-rate	Syphilis	Gonorrhoea	New Cases	Deaths
1954	14.6	15.0	33	1.4	113	.18	21	25	23	46
1955	14.29	15.7	21.69	0.7	94	.15	10	20	80	38
1956	15.99	15.5	23.98	0.63	77	.13	13	26	71	56
1957	15.73	15.5	18.65	0.65	82	.14	11	26	34	67
1958	16.00	14.9	27.56	0.65	52	.12	12	10	36	61
1959	15.92	14.7	23.15	0.00	39	.06	10	18	23	80
1960	16.99	14.4	32.26	0.61	47	.13	10	24	8	73
1961	16.35	16.0	32.50	0.00	46	.12	11	39	15	83
1962	17.13	14.8	20.01	0.00	70	.06	8	30	13	87
1963	17.51	16.6	29.20	0.00	58	.06	2	60	11	129

Year	Deaths from Heart Disease	Deaths from Cancer	Deaths from Cerebral Haemorrhage	Deaths from Diabetes	Diphtheria		Scarlet Fever	
					New Cases	Deaths	New Cases	Deaths
1954	499	244	238	13	nil	nil	90	nil
1955	520	253	282	18	nil	nil	215	nil
1956	519	214	316	10	nil	nil	150	nil
1957	509	252	254	14	nil	nil	32	nil
1958	534	236	238	6	nil	nil	52	nil
1959	512	234	207	12	nil	nil	123	nil
1960	516	209	218	12	nil	nil	32	nil
1961	567	252	231	12	nil	nil	8	nil
1962	520	235	211	13	nil	nil	7	nil
1963	526	256	241	7	2	nil	15	nil



## SECTION II.

### SICKNESS AND DISABILITY

In this Section the illness data are arranged in an orderly setting to illustrate the sequence of changes and vital comparisons which are taking place over the years. Last year (1962) the health position and susceptibility to disease of Pakistanis and other foreign nationals in the community was mentioned. The introduction of foreign susceptibles in relation to such diseases as tuberculosis lowers herd immunity and heightens incidence, but change in living, climate and custom may aggravate others. The occurrence of disease in Pakistanis may have stabilised a little and the table below shows the number and percentages of immigrants being treated for Mental Illness, Venereal Disease and Tuberculosis.

#### NEW CASES IN FOREIGNERS

(Total number of new cases in brackets: British & Foreign)

	Mental Illness	Tuberculosis	Venereal Disease
Nos. . . . .	15 (640)	18 (63)	36 (60)
Per Cent. . . . .	2.3	28	60

The incidence of Mental Illness, although at a higher rate per cent. in foreigners than in British residents and not infectious in a Bacteriological sense, is at a lower level than Tuberculosis and Venereal Disease. That influx of those with different cultural, social, environmental and housing background are more susceptible to these three community diseases is amply borne out by the statistics and a melancholy reminder of the need for public health progress in social hygiene. In other words improvement in Environmental Hygiene and community life can alone reduce disease of mind and body, not only for ourselves but for those who live and work with us from other lands across the seas.

There were no serious outbreaks of infectious disease during the year. The following table shows the number of notifications of infectious disease.

TABLE XXII

Disease	Number	
	Notified	Confirmed
Anthrax .. .. .	2	2
Smallpox .. .. .	—	—
Dysentery .. .. .	5	3
Food Poisoning .. .. .	5	1
Typhoid Fever and Enteric Fever ..	—	—
Para-Typhoid .. .. .	1	—
Scarlet Fever .. .. .	15	15
Malaria .. .. .	—	—
Diphtheria .. .. .	2	2
Puerperal Pyrexia .. .. .	—	—
Erysipelas .. .. .	1	1
Ophthalmia Neonatorum .. .. .	1	1
Acute Encephalitis .. .. .	—	—
Acute Poliomyelitis .. .. .	1	—
Cerebro-spinal Fever .. .. .	—	—
Measles .. .. .	188	188
Whooping Cough .. .. .	8	8
Pneumonia—Primary .. .. .	11	11
Meningococcal Infection .. .. .	—	—
Tuberculosis—		
Respiratory .. .. .	58	58
Other Forms .. .. .	5	5
Total .. .. .	303	295

Of the 2 cases of Anthrax, both discovered by the Department, one was early and responded at once to medical treatment. The other was an advanced case and for some days his life hung in the balance with eventual recovery. Something more than heroics in treatment however is required. In a textile and carpet town, vigilance in the cleansing and in particular the processing of wool is required where a great number of wools from Oriental and other sources of contagion are imported. If notification to the Medical Officer of Health of all cases of Anthrax, introduced in 1960 pin points the importance of hygienic handling of wool, the measure will have proved its worth.

The 2 cases of Diphtheria were in school children—one each at Sunnyside and Boothtown schools. Both children, a boy and a girl of 6 and 7 years respectively, responded to treatment at the Leeds Road Infectious Diseases Hospital, Bradford. Class and school contacts were examined and diphtheria immunisation was given where necessary. As a result of mass examinations, 20 carriers were found. They were excluded from school until repeated throat swabs taken by the Health Department were declared negative.



## Aged, Tuberculosis, Mental Disorder

TABLE XXIII  
Special Visits to the Home

	Aged	Tuber- culosis	MENTAL DISORDER		
			Mental Illness	Sub- Normal	Guidance
1st Visit .. ..	392	66	248	27	98
1962 .. ..	(242)	(77)	(284)	(36)	(111)
Follow-up Visits	974	1,419	2,081	885	626
1962 .. ..	(820)	(1,334)	(1,451)	(751)	(536)

Table XXIII shows the number of visits during the year which were paid by the Special Nurses. While their duties spare the time of trained Health Visitors it may yet be too early to gauge the trend or evaluate the pattern of services required in these three fields. More first visits were made to the aged but fewer to Tubercular and Mental Disorder cases but all follow up visits show a marked increase. The Child Guidance Clinic which is the responsibility of the Education Committee is partially staffed by social welfare officers who are dually appointed by the Education School Health Section and the Health Department. Other members of the Staff for these duties in addition to mental welfare officers are Geriatric Nurses (2), Tuberculosis Nurse (1) and a nurse for Mental Subnormality (1), all of whom are State Registered. Special mention will be given to each of these.

### Geriatrics

Since the beginning of 1963 the service has steadily increased and the number of new cases visited during the year was 390. Of this total 12 cases are in acute hospitals, 71 cases in geriatric hospitals and 20 cases in Welfare Homes. However, during this period, 159 cases were removed from the register, 108 having died and 51 having left the Borough or are now being taken care of by relatives. 246 cases are visited at regular intervals by the Geriatric Nurses. Of these 49 are attended also by the District Nurses. 105 have the services of a Home Help and several prefer a private cleaner. 70 receive chiropody treatment either at home or clinic, transport being necessary for approximately 50% of those attending clinic for this service. Several cases prefer the services of a private chiropodist; others refuse or do not require this service.

The numbers receiving the other services are as follows:—

Meals on wheels	10
Friendly visitors	11
Hairdressing	20
Blind visitors	7
T.V. and Radio	7 + 1 on the waiting list

All these services are greatly appreciated but unfortunately there is a waiting list for all of them.

28 fireguards are at present on loan and 12 are available for future use.



7 cases are living in extremely poor conditions but are on the urgent waiting list for rehousing. Rehousing is one of our biggest problems especially when ground floor accommodation is required.

Several cases would benefit from Part III accommodation but are unwilling to leave their own homes. A small number who would like to enter a Welfare Home are unable to do so due to the long waiting list.

At present there are no cases requiring hospital care.

8 ladies went away this summer to a holiday or convalescent home. Unfortunately there are not enough places vacant each year to accommodate all those desirous of going.

Approximately 50% of cases are visited regularly by the General Practitioner. The majority of the other fifty per cent. would benefit from more frequent visits as they are often unfit to attend surgery and have to rely on the help of neighbours when a new prescription is needed, etc.

Although the service is functioning reasonably efficiently and the care in most cases is adequate, there is still need for improvement of the services available for the elderly, especially if they are to be encouraged to remain independent.

### **Tuberculosis**

There has been a general decrease in the number of new notified cases for the year 1963 with the exception of the 40-44 and 45-49 age group. In 1962 the combined total of new cases for this group was 10, whereas in 1963 it had risen to 15. There has also been a slight increase of new cases in the 15-19 age group, this in spite of the fact that this group is now benefitting from the School Heaf Test and B.C.G. service. Three of these cases had Heaf tests at school and were found to be positive, two attended for x-ray and were found to be free from disease whilst the third failed to attend for x-ray. It is early days yet to form a true picture but it may well be that some form of annual check-up of Positive Heaf Tested School leavers is indicated in the first two or three years of them being absorbed into the working community. Out of the 58 cases notified with Respiratory tuberculosis 15 cases had positive sputum.

It is interesting to note that whereas in 1962 the percentage of the Pakistani notifications compared with the rest of notified cases was 20.23%. In 1963 it had risen to 33.8%. No doubt due in some measure to insufficient medical screening of would-be immigrants and also due to overcrowding and home conditions which the majority of them are subjected to when coming to work in Halifax. In some cases industrial firms are co-operating and would-be Pakistani employees are Heaf-tested and Heaf positive cases are then x-rayed. Possibly more action on these lines could be taken and earlier notification and subsequently earlier treatment with resulting earlier control of contacts could be established with beneficial results.

The number of Pakistanis on the books in 1962 was 23 whereas at the present time it is now 53.

Of the total 63 new notifications, appointments for x-ray of contacts was 554 with 513 attending, the rest, 7.4%, defaulted.

Excluding schools and industrial premises the number of domiciliary Heaf Tests was 176, 19 of these were positive and were subsequently x-rayed. The remainder were offered B.C.G. The total number of children including new born babies who were B.C.G. was 163.

A total of 100 patients were admitted to Sanatorium—

Northowram	.....	.....	.....	.....	83
Grassington	.....	.....	.....	.....	12
Bradley Wood	.....	.....	.....	.....	5

There were 8 patients who took their own discharge.

The visitation of tubercular patients and the follow-up of contacts has been maintained. The Housing Department have co-operated well in the re-housing of patients with unsuitable home conditions but the uncertainty of re-employment and the time lag between discharge from hospital and the resumption of work still constitute a real worry to the convalescent patient and time still lies heavily on their hands.

The number of patients now on the Health Department register is 567, an increase of 15, which, in spite of the fact of fewer notifications, can be accounted for by those patients who were lost sight of and who have been re-traced.

Age Group	1962		1963								All Cases				Grand Total
	Total new cases		Non-Pakistan				Pakistan				Total				
	R	NR	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total all Groups New Cases
0-4 ..	5	—	1	—	—	—	1	—	—	—	2	—	—	—	2
5-9 ..	4	1	1	—	—	—	—	—	—	—	—	1	—	—	1
10-14 ..	2	—	—	—	1	—	—	—	—	—	—	—	1	—	1
15-19 ..	4	—	1	4	—	1	—	—	—	—	1	4	—	1	6
20-24 ..	6	1	—	1	—	1	4	—	1	—	4	1	1	1	7
25-29 ..	9	2	—	1	—	1	6	—	—	—	6	1	—	1	8
30-34 ..	6	2	—	1	—	—	3	—	—	—	3	1	—	—	4
35-39 ..	5	1	—	2	—	—	2	—	—	—	2	2	—	—	4
40-44 ..	6	1	6	3	—	—	—	—	—	—	6	3	—	—	9
45-49 ..	2	1	5	1	—	—	—	—	—	—	5	1	—	—	6
50-54 ..	4	1	1	2	—	—	1	—	—	—	2	2	—	—	4
55-59 ..	6	—	3	2	—	—	—	—	—	—	3	2	—	—	5
60-64 ..	4	—	4	—	—	—	—	—	—	—	4	—	—	—	4
65 & over	7	—	1	1	—	—	—	—	—	—	1	1	—	—	2
	70	10	23	18	1	3	17	—	1	—	39	19	2	3	63



## Summary

New Cases resp: excluding Pakistanis	Males	23
	Females	18
New Cases resp: Pakistanis	Males	17
	Females	—

Total new cases Respiratory	58
-----------------------------	----

New Cases N.R. = 2 Cervical Adenitis  
 1 Cervical Glands (Pakistan)  
 1 Meniges  
 1 Renal T.B.

---

5

Total Notified Cases = 63

Pakistani contacts attended for examination more readily than formerly, probably as they now realise the importance of these follow-up x-rays and as more of them are x-rayed so word got around amongst them that it is for their benefit and they make the corresponding effort to attend. Night-workers still find it inconvenient to attend the appointments. Once notified the majority of Pakistani patients co-operate well but difficulty is experienced in keeping trace of them as they often change their address five or six times in a year.

The average stay of all patients admitted to hospital is 12 weeks with approximately another 12 weeks before they are able to resume work, so that if the patient is the main breadwinner this period can be a real worry and financial strain. The National Assistance Board do a very worth while job in alleviating any hardship but even so, with the present cost of living, many patients find it extremely difficult to make ends meet. The Health Department free milk scheme is invaluable in such cases and is very much appreciated. The number of recipients during the year was 20, amounting to 348 gallons.

The enforced inactivity already mentioned, following discharge from hospital present problems but it is difficult to visualise what more can be done to improve this period of convalescence as there are only a few jobs available in light industry. Voluntary organisations assist in every way possible. The problems of visitation and rehabilitation however diminish each year, and we are experiencing one of the greatest health triumphs of all time in the conquest of a disease which at one time brought much distress and poverty. We are, however, in no way relaxing our efforts.

1962		1963	
Total New Cases Resp: M	44	Total New Cases	63
Total New Cases Resp: F	26	Transferred In:	18
Total New Cases NR: M	2	Posthumous not:	2
Total New Cases NR: F	8		—
	80		83



Patients recovered	70
Transferred out	10
Deceased	11
Lost sight of	5
Taken off Register for failure to attend the clinic	1
	<hr/> 97

## Mental Disorder

A full report of the work of the Mental Health Section is provided elsewhere and there is little to add to the summary which is included here. Special regular routine visitations of subnormal persons in worth while work. There is a high hospitalisation rate in Halifax (13 in 1961, 10 in 1962 and 9 in 1963) for severely subnormal persons and this may be a tribute to the high standard of counselling in previous years. In some towns, the presence of detrimental subnormals within the home is a source of family neurosis. Happily this state is exceptional and may be said to be almost non-existent. The early development of Junior Training facilities in Halifax has had a beneficial effect and the steadfast endeavour of the Halifax and District Society for Mentally Handicapped Children is something for which the community should be grateful. For my part, on behalf of the Health Committee, I will continue to press for the closest co-operation between the voluntary and official services. There is also a happy relationship with the Consultant in charge of Westwood and Fielden Hospitals for whose personal and technical help with difficult cases I should put on record my appreciation. The setting in which the Mental Subnormality visitor works is therefore a very happy one and the development of club activity sponsored by the Voluntary Society is a further aid to her in this important work. The usefulness of the special nurse to the Health Committee is further increased by her participation and assistance in Child Guidance.

In the final analysis the success of community health, from the psychological standpoint, is the degree to which the individual, no matter his mental endowment, is adjusted to the community and conflicts in which he lives. It is unfortunate that, in the presence of a satisfactory development of a comprehensive service, that there should be so much sub-clinical neurosis. It may be, however, that patients with neurosis seldom commit suicide but they may attempt it. It is estimated that attempts are 5 to 8 times commoner than successful suicides. Since the number of suicides increased from 8 in 1962 to 23 in 1963, special note on suicide is merited.

## Suicide in Halifax

Over the ten-year period 1954-63, 165 people committed suicide. This corresponds to a rate of 15.8 per 100,000 per annum. The national rate is 11 per 100,000. The sex ratio corresponds with national findings. (See table giving suicides by age groups and sex).

It is generally found that a high percentage of suicides are without a partner, being single, widowed, separated or divorced. Loneliness and isolation are contributory factors.

A local consultant psychiatrist gives the following as reasons for the high suicide rate in Halifax. He says that the mobile population is large and that many foreigners live in the area. He comments on the insufficient provision for old people living alone. He mentions that alcoholism and psychopathic personality may predispose and notes that a local Samaritan Service can help. Most people who appeal however have financial worries which, in his experience, do not seem to be an important factor in the causation of suicide.

SUICIDES - 1954—1963

	15-24	25-44	45-64	65-74	75 & Over	Total	Males	Females
1954	—	3	9	2	4	18	13	5
1955	1	3	8	4	1	17	16	1
1956	2	2	4	1	4	13	9	4
1957	—	6	11	4	3	24	16	8
1958	—	1	8	3	1	13	9	4
1959	3	5	8	3	1	20	9	11
1960	1	6	12	2	—	21	11	10
1961	—	3	3	4	2	12	4	8
1962	—	—	5	3	—	8	5	3
1963	3	5	8	3	2	21	13	8
Totals over 10 yrs.	10	34	76	29	18	165	103	62

The suicide figures for the past 3 years in Halifax are:—

1961	.....	.....	.....	.....	12
1962	.....	.....	.....	.....	8
1963	.....	.....	.....	.....	21
1964 (to 25th April)	.....	.....	.....	.....	6
TOTAL					47

Of these, 12 were known to the Mental Health Department, and therefore fuller details from their case-histories are available. Of the 47 cases, 4 (about 9%) were foreigners.

Analysed by month, the figures are as follows:—

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
3	5	4	5	3	3	4	6	3	4	3	3

In the 12 people for which we have records, one had a 15 years history of mental illness. The length of psychiatric observation in the others was in months 1, 2, 3, 2, 1, 8, 1, 20, 23, 24, 3 and 48. Of the 12, 5 were married and living with their spouse, 2 were single, 1 divorced and 4 widowed.

# Some information from the 12 histories available

Sex	Age	Occupation	Family History	Married Single Widow Sep.	Length of Mental Illness and some notes, including diagnosis where established	Date of Death and Mode of Suicide
M.	20	Clerk	Lived with M. & F. 2 Brothers, 31 and 17	S	23.2.61 onset. In Gen. Hosp. 16.12.62 to 12.1.63. Last note 12.8.63 "Seems fairly well. Has been attending 4U Club". - <i>Schizophrenia</i>	19.10.63 Asprin Poisoning
M.	67	Retired	Lived alone, complained of being lonely	W	Seen only in May 1961 (after attempted suicide). Had E.C.T. - <i>Depression</i>	20.4.63 Hanging
F.	49	Housewife	3 children, 1 at home (Mother committed suicide)	M	14.10.60 Six admissions to Storthes Hall. Had hypertension. Admitted to Storthes Hall 13.7.63. No note of discharge. Not seen by M.W.O. - <i>Recurrent Depression</i>	21.8.63 Gas
F	84		Lived with son and Daughter-in-law Depressed since death of husband 12 months before	W	Letter from daughter-in-law "Threatened suicide" Visited by M W O - <i>Depression</i>	8 12 63 Barb. Poisoning
M.	63	Bookbinder	Lived with wife and Daughter	M	11.12.59 Both legs amputated when a young man 19.9.63 Seen at O.P. Clinic	6.12.63 Barb. Poisoning
M.	28	Machine Op			12.10.63 G.P. telephone M.W.O. Patient had been taken into H.G.H. with an overdose G.P. said he was anxious about man if he did go home G.P. would inform M W O if man took his own discharge. 14.10.63 Almoner - Patient discharged himself yesterday. 14.10.63 M.W.O. contacted G.P. - Patient gassed himself yesterday. No other history.	13.10.63 Gas



12 histories available—cont.

Sex	Age	Occupation	Family History	Married Single Widow Sep.	Length of Mental Illness and some notes, including diagnosis where established	Date of Death and Mode of Suicide
F.	68	Housewife		M	15 years. No history between 1948 and death. — <i>Depression</i>	59..63 Gas
F	44	Housewife	1 child 1 misc Fostered 2 children for one year	M	March 1962 to March 1963 Seen by psychiatrist 2 months before death. — <i>Depression</i>	24.3.63 Gas
F.	33	Housewife	1 child Husband was discharged from R N “Schizoid, mentally backward”	M	October 1961 to December 1961. Admitted to Storthes Hall 29.11.61 M.W.O. not informed of discharge — <i>Depression</i>	23.12.61 Gas
F.	67	Housewife	1st husband died 12 years before 1 daughter	Div	June 1961 to July 1961. M.W.O. saw and psychiatrist, appointment made, but did not attend. — <i>Depression</i>	1.7.61 Gas
F.	72	Housewife	1 son Loneliness Husband died 1 year before Could not reconcile herself to widowhood	W	28.9.61 Seen by M.W.O. Psychiatric Clinic Appointment made 28 9 61 — <i>Depression</i>	31.10.61 Drowned
M.	53	Farmer	Widower, 1 son, 1 daughter	W	Nov. 1960 to Dec. 1960 in Storthes Hall 16.3.61 to 8.4.61 in Storthes Hall Seen by M W O 1 6 61 — <i>Anxiety State</i>	1.7.61 Drowned
M.	35	Butcher	Lived with father	S	19.6.63 to 5.7.63 in Storthes Hall 5.7.63 to 13.7.63 in Storthes Hall Discharged 13.7.63 “Extremely well”. Not seen by M.W.O. after this.	25.7.63 Cut throat

The following national facts and figures for the years 1901 to 1961 may be of further importance in light of what has been written.

The number of suicides of both sexes decreased during the war years 1914-18 and 1937-45.

The number of male suicides reached a maximum during 1931-4 of about 3850 per annum.

From 1943 onwards there was an upward trend in the male numbers, reaching 3,198 in 1956. Since then there has been a small yearly decrease.

In females, there has been, over the 60 years, a steep upward gradient whilst male suicides have increased by 31%, female suicides have increased by 171%.

During 1901-5 the male : female ratio was 3.03 : 1

During 1957-61 the male : female ratio was 1.47 : 1

Among males the rates have consistently increased with age; in females this has only been so for the last ten years. Rates for young people have shown a downward trend over the past 60 years.

**Seasonal Variation.** For 30 years to 1950, the highest proportion of suicides occurred during the period April to June with peaks roughly in April and June. During 1951-60 the peak in April became more pronounced and that in June disappeared.

**Social Class Variations.** From 1911 the rate was highest in Classes I and II until 1930-32. In 1950 the highest rates were in Classes I and V for men and in I and III for women.

**Region.** The rate is highest in the North-West and in London and the South-East, and lowest in South-East Wales. Data from M. Bs and C. Bs shows that size of population is not a determining factor in size of suicide rate. There can be a considerable variation in annual rate over a ten year period.

### **Mental Illness in Pakistanis dealt with in Halifax during 1963**

The following details related to Pakistanis are important.

The accompanying table shows that most of those afflicted are between 35-45, married, and most have had a previous history of psychotic illness. The onset of psychosis may be associated with the change in working conditions in the two countries with onset from a few months to a few years from the time of immigration.

Name	C/P No.	Date of Birth	Marital Status	First Referral	Action	Subsequent Referrals	Action	Ref. for a/c	Diagnosis	Time in England Prior to 1st Breakdown	Home District	Ultimate Disposal
M.M.	2544	1929	Married	8.5.61 by Psych. Clinic	Employment Found	5.12.61 Clinic 23.3.62 H.G.H. 1.1.63 Clinic 30.11.63 G.P.	Explored avenues of repatriation S.5 to S.H.H. S.29 to S.H.H. (ext. to S.26) S.29	—	Recurrent Schizophrenia	Approx. 3 years	Sylhet E. Pakistan	Repatriation is advised
M.A.1	2700	1935	Married	27.12.61 G.P.	S.25 to S.H.H.	—	—	—	Schizophrenia?	3½ years	—	Returned to Pakistan of own accord
M.H.1	2799	?	Married	17.4.62	O.P. Clinic	—	—	—	Schizophreniz?	1 month	—	Returned to Pakistan of own accord
F.D.1	2834	1925	Married	18.5.62 Police	S.25 to S.H.H.	24.7.62 G.P.	Nil as patient returned to Pakistan	..	Not ascertained	4½ years	Kashmir W. Pakistan	Returned to Pakistan
M.H.2	2986	1924	Married	5.10.62 W.S.D.	S.25 to S.H.H.	—	—	—	Depressive Stupor	Not known	—	Left town. (later admitted to Menston)
M.Y.	3073	1936	Married	8.11.63 Police	S.29 to S.H.H.	—	—	Yes	“Situational psychosis” (basically depressive ?Schiz.)	10 months	—	Present address not known. Repatriation advised



Name	C/P No.	Date of	Marital Status	First Referral	Action	Subsequent Referrals	Action	Ref. for a/c	Diagnosis	Time in England Prior to 1st Breakdown	Home District	Ultimate Disposal
M.S.	3122	1917	Married	4.3.63 G.P.	S.25 to S.H.H.	23.5.63 G.P.	S.25 to S.H.H.	—	Schizophrenia	18 months	Mirpur, Kashmir, W. Pakistan	—
F.D.2	3175	1923	—	9.5.63 Friends	Ref. O.P. Clinic	—	—	—	Not only mentally ill, but also subnormal	Not known	—	Left town
A.M.	3191	1931	Married	22.5.63	S.29 to S.H.H.	—	—	—	Schizophrenia	Not known	—	—
M.A.2	3275	1934	Married	10.8.63 G.P.	Ref. O.P. Clinic	13.8.63	S.5 to S.H.H.	—	Paranoid State Schizophrenia	—	—	Present address not known
F.M.	3339	1933	—	14.10.63 G.P.	Ref. O.P. Clinic	—	—	—	Not ascertained	—	—	—
A.S.	3413	—	—	10.12.63 Psy. Clinic	Advised S.5 admission	—	—	—	Not ascertained	—	—	Left town
A.W.	3423	1937	Married	27.12.63 Psy. Clinic	S.5. to S.H.H.	—	—	—	Hysterical Paralysis	12 months	—	—
F.D.3	3429	1930	Married	3.1.64 G.P.	S.25 to S.H.H.	25.1.64 G.P.	S.26 to S.H.H.	—	Chronic Schizophrenia	—	—	Repatriation advised
M.A.3	3438	—	—	7.1.64	Ref. O.P. Clinic	—	—	—	Hyphchondiracal personality with depression	—	—	—

## Summary of Work undertaken by Mental Welfare Officers under the Mental Health Act, 1959

1. Number of patients referred to the Mental Health Service during the year by:—	
(a) General Practitioners	124
(b) Relative	102
(c) Hospitals	213
(d) Psychiatric Clinics	70
(e) Local Education Authority	17
(f) Police	38
(g) Other Sources	77
	<hr/> 641 <hr/>
2. Of patients referred (as para. 1) number:—	
(a) Admitted to Hospital under:—	
(i) Mental Health Act, 1959, s.5 (Informal)	124
(ii) Mental Health Act, 1959, s.25 (Observation)	52
(iii) Mental Health Act, 1959, s.26 (Treatment)	6
(iv) Mental Health Act, 1959, s.29 (Emergency)	52
	<hr/> 234 <hr/>
(b) Referred to General Practitioners and Psychiatric Clinic	140
(c) Referred for Domiciliary Visiting	195
(d) Referred for Guardianship	—
(e) Referred to Other Social Agencies	34
(f) Other Means	38
(g) Admitted to Training Centres (included in (c) above)	8
3. Number of Domiciliary Visits:—	
(a) Mental Illness	2,329
(b) Mental Subnormality	885
	<hr/> 3,214 <hr/>
4. Number of Sessions attended at Psychiatric Clinics	178
5. Number of patients under the care of the Local Health Authority on 31st December, 1963:—	
(a) Number receiving domiciliary visits:—	
(i) Mentally Ill	287
(ii) Severely Subnormal	31
(iii) Subnormal	122
(iv) Psychopathic	23
	<hr/> 463 <hr/>

(b) Number receiving training:—

Males under 16	.....	.....	.....	.....	16
Females under 16	.....	.....	.....	.....	13
Males 16 years and over	.....	.....	.....	.....	13
Females 16 years and over	.....	.....	.....	.....	18
					<hr/> 60 <hr/>

(c) Number on Waiting List for Admission to Hospitals:—

(i) Severely Subnormal:—

Female under 16	.....	.....	.....	.....	1
Female 16 years and over	.....	.....	.....	.....	1

(ii) Subnormal:—

Male under 16	.....	.....	.....	.....	1
Males 16 years and over	.....	.....	.....	.....	2
					<hr/> 5 <hr/>

## Coronary Thrombosis

Cases attending bi-weekly for Prothrombin Testing are as follows:—

662 visits were made by patients to the Pathological Department, Royal Halifax Infirmary on Tuesday and Friday of each week.

Consultant A had 335 cases and

Consultant B had 327 cases

The number of females was 29 and males 37

There were 4 patients under the age of 45

23       "       "       "       "       "       55

35       "       "       "       "       "       65

4 patients over the age of 65

The number of times each patient visits varies considerably. Some only attend once and others several times over a long period of time.

## Chronic Bronchitis

Chronic bronchitis is a disease which produces a great amount of disability and unemployment. The finding of light jobs is an important part of their rehabilitation where they do not require to struggle against inclement weather or where they could work for only a few hours each day. A great deal of understanding is required in providing conditions which would enable the sufferer to hold a regular job down. The bronchitic may be more difficult to rehabilitate than other chest conditions and there are apt to be secondary changes of depression with the spirits sinking to a low ebb and very often the bronchitic has a feeling of being an out-cast from society.



During the year the visitation of bronchitics has been increased. In addition to securing attendance at the Chest Clinic where this is required, the Chest Visitor can give a friendly word of encouragement and make suggestions as to diversional rehabilitation and where this can be provided. The basic problem is to relieve the bronchitic sufferer from feeling unwanted. As one visits the homes of bronchitics, it is realised that prevention in the way of improving the purity of the atmosphere and advice concerning smoking are of very great importance. The Ministry of Labour is doing everything possible to secure suitable jobs but there are many difficulties to be overcome. The Housing Department have co-operated well in the rehousing of patients with unsuitable home conditions and their help has been invaluable in establishing a working relationship with difficult and awkward cases.

The number of new cases referred to the Department during the year was 10 and the total number receiving visitation was 50. From the clinical point of view the Chest Visitor reinforces the advice given by the doctor to overcome or minimise the smoking habit and instruction and encouragement is also given in posture and chest exercises.

### **Diabetes Mellitus**

By December 31st there were 125 patients on the register. Of these 53 had been brought forward from the previous year for continued supervision and the remainder were either newly diagnosed as diabetics or referred for further instruction and supervision.

The latter came from various sources, i.e., discharges from hospital, from the almoner, from district nurses, home help organiser and general practitioners.

23 attendances were made to the Out-Patient Clinic at the Royal Halifax Infirmary where 61 new patients were seen and given initial instruction on a diabetic diet.

During the year 1,049 visits were paid—

- 33 to the 0—5 age group
- 462 to the 5—64 age group
- 554 to the 65+ group

Of these 12 were evening visits.

6 patients or their relatives were taught to give insulin.

In November 1963 when the Mass Radiography attended St. John's Hall, the opportunity was taken to make a Pilot Diabetic Survey. There, 500 clintix with accompanying leaflet and envelope were given out. Of these 63 were returned, 8 indicating a blue or green reaction. These were followed up. 6 had 2 negative results, 1 showed  $\frac{3}{4}\%$  sugar in first specimen, 1 showed  $\frac{1}{4}\%$  sugar in second specimen.

**TABLE XXIV**  
**HOME ACCIDENTS—MONTHLY STATEMENT**  
**(Figures for 1962 in parenthesis)**

Month	Age Groups – Years						
	0–5	6–15	16–25	26–50	51–60	61 & Over	Total
January	9 (10)	2 (2)	0 (0)	10 (10)	1 (1)	5 (5)	27
February	7 (7)	2 (2)	0 (0)	3 (3)	4 (4)	3 (3)	19
March	8 (8)	1 (1)	3 (3)	3 (3)	3 (3)	8 (8)	26
April	9 (22)	2 (6)	4 (1)	5 (7)	0 (1)	2 (7)	22
May	10 (7)	4 (4)	3 (2)	9 (6)	3 (0)	3 (6)	32
June	8 (10)	2 (1)	1 (1)	4 (9)	2 (3)	3 (1)	20
July	12 (7)	1 (5)	2 (1)	7 (7)	4 (4)	6 (9)	32
August	9 (10)	2 (2)	0 (1)	6 (5)	3 (3)	5 (5)	25
September	9 (4)	1 (1)	0 (1)	5 (6)	1 (1)	8 (9)	24
October	4 (4)	2 (2)	0 (3)	4 (4)	0 (0)	4 (2)	14
November	18 (12)	4 (4)	2 (2)	3 (2)	1 (1)	2 (4)	30
December	14 (13)	5 (2)	0 (3)	5 (3)	6 (2)	2 (5)	32
Totals	117(114)	28 (32)	15 (18)	64 (65)	28 (23)	51 (64)	303(316)

**TABLE XXV**  
**HOME ACCIDENTS—TYPES OF INJURIES**

INJURY	Age Groups Age Groups – Years											
	0–5		6–15		16–25		26–50		51–60		61 & Over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Head .. ..	8	7	1	1	1	1	2	4	1	2	—	8
Upper Limb ..	6	6	6	5	1	3	1	10	2	3	2	5
Lower Limb ..	—	6	1	1	1	2	3	8	—	6	1	19
Cuts .. ..	14	7	5	2	4	1	4	15	2	4	—	8
Swallowed ..	3	5	1	—	—	—	—	—	—	—	—	1
Chest .. ..	—	—	—	—	—	—	1	1	1	2	—	2
Back .. ..	—	—	—	—	—	—	—	2	1	2	1	—
Burns .. ..	12	6	1	1	—	2	—	—	2	—	1	2
Scalds .. ..	10	5	2	5	1	1	1	7	—	—	—	1
Miscellaneous ..	10	12	3	—	—	—	5	7	—	—	2	1

Nevertheless, the work of the health visitors in this field is reflected by a diminution in the incidence and severity of head injuries, burns and scalds.

**Road Accidents**

The number of road accidents reported to the police was 1,655, and 22 deaths were attributable to such accidents.

The following table portrays a comparative setting of the number of fatal accidents over the past ten years:—

Police Report	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
	6	9	12	12	6	9	10	14	12	22
R.G.'s Report (after transfer adjustments)	6	10	11	13	10	9	15	21	11	15

It is interesting to note from a report issued by the Chief Constable that only 22 of the 463 accidents causing injuries were owing to weather conditions, whilst 127 were the result of the heedlessness of pedestrians on the road.

Road Safety activities are keen, and Child Welfare Centres have had visits by police officers during the year for this purpose.

**Sickness Certificates**

The figures shown represent the number of first sickness certificates submitted to the local insurance office by the working population in Halifax:—

TABLE XXVI  
1963

Jan.	8th	.....	706		23rd	.....	198
	15th	.....	537		30th	.....	275
	22nd	.....	494	Aug.	6th	.....	413
	29th	.....	515		13th	.....	360
Feb.	5th	.....	553		20th	.....	329
	12th	.....	612		27th	.....	327
	19th	.....	678	Sept.	3rd	.....	352
	26th	.....	721		10th	.....	282
Mar.	5th	.....	791		17th	.....	278
	12th	.....	811		24th	.....	375
	19th	.....	582	Oct.	1st	.....	451
	26th	.....	431		8th	.....	425
Apr.	2nd	.....	440		15th	.....	463
	9th	.....	422		22nd	.....	468
	16th	.....	230		29th	.....	425
	23rd	.....	437	Nov.	5th	.....	439
	30th	.....	372		12th	.....	435
May	7th	.....	402		19th	.....	419
	14th	.....	407		26th	.....	413
	21st	.....	364	Dec.	3rd	.....	424
	28th	.....	354		10th	.....	409
June	4th	.....	253		17th	.....	372
	11th	.....	346		24th	.....	371
	18th	.....	315		31st	.....	370
	25th	.....	329				
July	2nd	.....	326				22,079
	9th	.....	317				
	16th	.....	255				
				Average Weekly			425



## **Physical Handicaps**

Chronic sickness and chronic disability cases are visited by Health Visitors and Geriatric Nurses. They co-operate with the Welfare Services Department, the Co-ordinating Committee for Handicapped Persons and the Multiple Sclerosis Society. The Health Committee has a special interest in this latter organisation since it was actively concerned with its inception and organisation in 1961. The Multiple Sclerosis Society, apart from providing social amenities for those afflicted contributes to research projects being carried out at Leeds University.

## SECTION III

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### NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

MIDWIFERY

HEALTH VISITING

HOME NURSING

VACCINATION AND IMMUNISATION

AMBULANCE SERVICES

PREVENTION OF ILLNESS

CARE AND AFTER-CARE

DOMESTIC HELP

MENTAL HEALTH SERVICES

## CARE OF MOTHERS AND YOUNG CHILDREN

The staff responsible for maternal and child welfare duties, including medical, superintendent nursing, health visitors, clinic assistants and food distributors, have worked well during the year.

The clinic premises in the districts are unsatisfactory and not suitable for modern methods of teaching mothercraft. New premises are urgently required. Weekly sessions were held regularly throughout the year. During 1964, it may be possible to cut down on their frequency and have larger sessions. Domiciliary visiting is the important aspect of the care of young children. Food distribution takes up a large part of the staff's time and energies and, during 1964, it is hoped to arrange that this should take place only during clinic sessions. In the care of young children, the importance of psychological factors, particularly in the prevention of problems arising, has been an important duty of the health visitors. There are nearly 100 problem families who require a great deal of visitation and the health visitors' role is to protect the welfare of the children. Sometimes this means separation, sometimes referral to the Courts or Children's Officer, but the cardinal duty is, if possible, to prevent the break-up of the family as a unit.

The total number of births in Halifax area was 2,699 which shows an increase on the figures for 1962 (2,680). 2,044 (2,052 in 1962) were born in Halifax General Hospital.

The birth rate 17.51 (E. and W. 18.2) for 1963 remains just below the national average.

The Infant Mortality Rate, 49 deaths, giving a rate of 29.20 (E. and W. 20.9).

The principal causes of these deaths show a disproportionate number due to pneumonia and this is referred to elsewhere in the report.

Prematurity	.....	.....	.....	.....	12
Pneumonia	.....	.....	.....	.....	22
Congenital malformations	.....	.....	.....	.....	6
Other causes	.....	.....	.....	.....	9
Total	.....	.....	.....	.....	49

No mothers died during the year under review.

The routine visiting of problem families with their day to day difficulties accounted for a high percentage of the total work. Health Visitors conclude unsatisfactory results in many cases, but since there were no family break ups, some measure of success could be claimed.

Tests for Phenylketonuria were performed on all babies born in the borough and there were no positive findings. The Staff carried out 1,300 tests compared with 953 during 1962.



Infant Welfare Clinics held throughout the town maintain a high average of attendances. Changes in times of opening at these clinics has become established and appreciated in each district served. Staff shortage has prevented me from recommending the opening of an additional clinic in the Copley and/or other areas.

The Toddlers Club continues to flourish, but has lost some of its role as an instructive centre for sewing, etc., due to more general interest on the part of mothers, who continue to attend, but prefer the social side. A percentage of first attendants are still faithful and enjoy the contacts. This is worth while work and helps doctors and nurses to impart Health Education in an informal and effective manner.

The ANTE-NATAL Clinics at North Parade continue to be held regularly and attendance is good, so much so that follow-up visits for non attendance are not necessary.

Three Pupil Midwives were trained successfully during 1963.

Relations with Hospital staff and General Practitioners have been excellent and the Co-operation Card has proved a useful asset. Staffing in this department presented a great difficulty and became acute towards the end of the year after two full-time midwives emigrated and the introduction of a 48 hour discharge scheme had to be considered. In October, nurses were appointed for clinic work to relieve midwives of certain routine duties.

**Prematurity**

Babies weighing 5½ lbs. or less at birth, irrespective of period of gestation are born premature. This second great cause of infant death numerically unchanged from 1962 is otherwise detailed as follows:—

	1963	1962
(i) Born at home .....	30	20
(ii) Born in hospital .....	131	105
(iii) Born in Nursing Home .....	—	—

Premature babies are carefully followed up and the midwife continues to visit until the weight is over 5½ lbs. The Health Visitor also may pay frequent visits every day if necessary so that the mother is given every chance of feeding, treating, or otherwise caring for her infant. There is excellent co-operation between hospital midwife and Health Visitor and the effectiveness of the care of infants born before term should improve with the new arrangements under way for the organisation of a Premature Baby Unit at the Halifax General Hospital.

Oxygen resuscitation equipment has been in operation throughout the year. This enables safe transport of a premature baby in an incubator plugged into the main wiring electrical circuit.

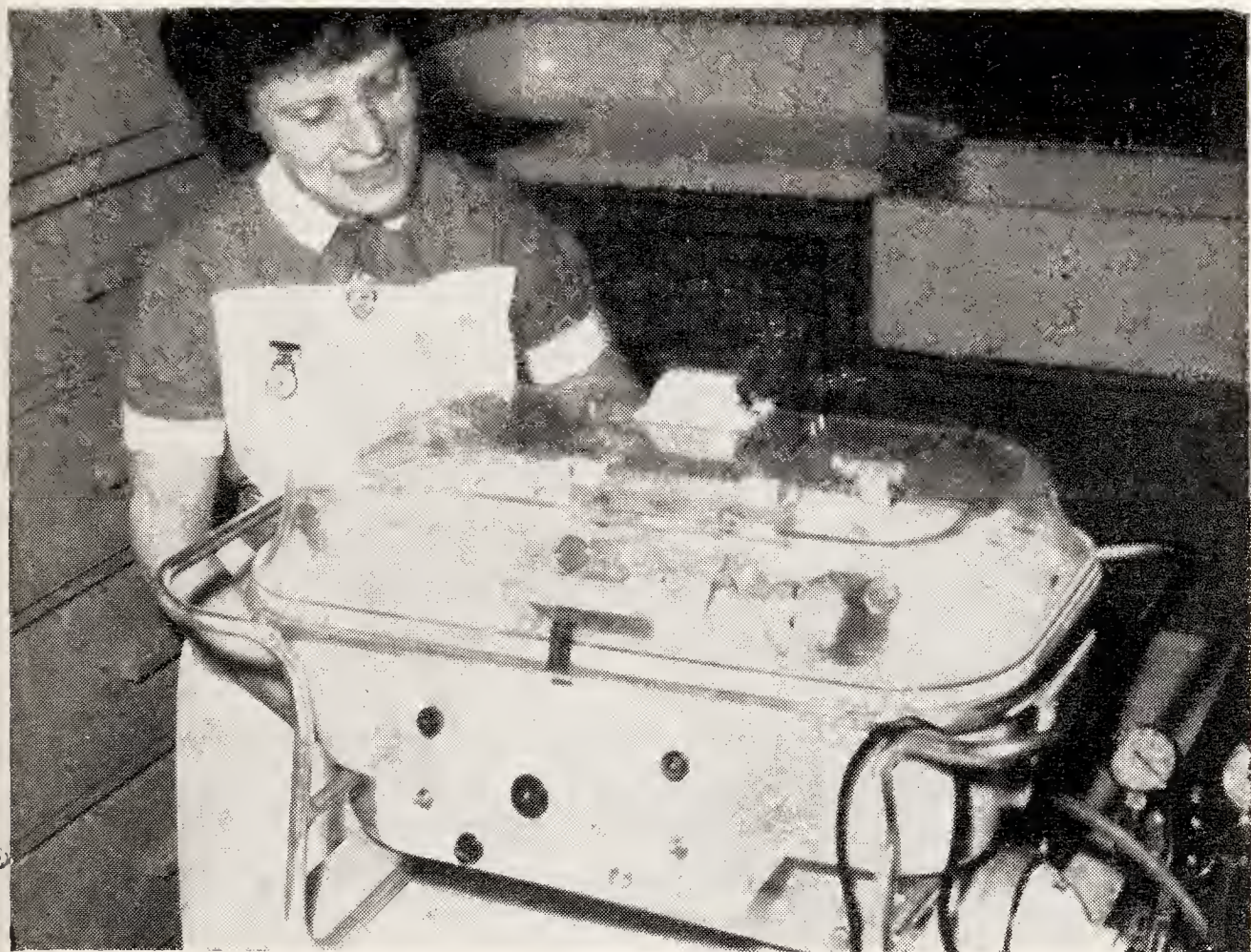
Preme- ture still births	PREMATURE LIVE BIRTHS						
	Nursed entirely at home					Trans- ferred to Hospital	Birth weight
	Died in first 24 hours	Died in 1 and under 7 days	Died in 7 and under 28 days	Survived 28 days	Total		
1	—	—	—	—	—	—	2 lb. 3 oz. or less
5	1	—	—	—	1	—	Over
3	1	1	..	3	5	1	2 lb. 3 oz. Up to
1	—	—	—	3	3	1	3 lb. 4 oz. Over
1	—	—	—	19	19	—	3 lb. 4 oz. Up to
							4 lb. 6 oz. Over
							4 lb. 6 oz. Up to
							4 lb. 15 oz. Over
							4 lb. 15 oz. Up to
							5 lb. 8 oz.
11	2	1	—	25	28	2	Totals

Infectious Disease in mothers and babies has progressively diminished over the years. There was only one notification of Ophthalmia Neonatorum and no Puerperal Pyrexia.

Ante-Natal Clinics at North Parade took place regularly and were conducted by medical staff of the Department with the co-operation of a Consultant Obstetrician who saw abnormal cases at the Medical Officer's request. Emphasis on Relaxation and Mothercraft has been a feature of the year's work and to make this aspect more effective and to allow more individual attention clinics were held twice weekly. The Special Relaxation and Mothercraft Clinics conducted on Friday by Mrs. Morrison under the auspices of the Halifax and District Nursing Association have continued and a closer liaison with corresponding clinics held at the General Hospital has been established. The mechanism of labour, in all its complexity may be better understood with a

vast saving of the lives of mothers and babies. This better understanding may not apply to how the mother feels. Efforts to preserve the emotional conditioning of mothers throughout pregnancy and labour will give greater individual security to the developing infant and raise the stability of family and community life. This constitutes our main aim as a Health Authority.







**TABLE XXVII**  
**Ante-Natal Clinics and Attendances**

(1)	(2)	(3)	No. of women in attendance		(6)
			(4)	(5)	
	No. of Clinics provided at end of year (whether held at Child Welfare Centres or other premises)	No. of sessions now held per month at Clinics included in Col. 2	No. of women who attended during the year	No. of new cases included in Col. 4, i.e. for A.N. clinics women who had not previously attended any clinic during current pregnancy and for P.N. clinics women who had not previously attended any P.N. Clinic after last confinement	Total number of attendances made by women included in col. 4 during the year
Local Health Authority Clinics supervised by L.A.'s Medical Staff: Ante-natal clinics Post-natal clinics	1 —	16 1	1,003 3	731 3	4,337 3

All Maternity and Child Welfare Clinics have a medical officer in attendance, but during the year the extra session for health education, introduced in 1962, has continued under the guidance of Mrs. Murphy, the Deputy Nursing Officer.

At the following clinics a medical officer is in attendance:—

		a.m.	p.m.
North Parade (Central)	Wednesdays	9-30	
	Fridays	9-30	
St. Paul's (Queen's Road)	Tuesdays	9-30	
Fairfield (Queen's Road)	Tuesdays		1-30
Mixenden (Community Centre)	Mondays		1-30
Siddal (Meth. Sunday School)	Mondays	9-30	
Northowram (Meth. S.S.)	Wednesdays		1-30
Illingworth (Raw Lane)	Fridays		1-30
Ovenden (Nursery Lane)	Thursdays		1-30

**TABLE XXVIII**  
**Child Welfare Centres and Attendances**

Centres provided by	No. of centres provided at end of year	No. of C.W. sessions now held per month at centres in col. 2	No. of children who first attended a centre of this L.H.A. during the year, and who at their first attendances were under 1 year of age	No. of children who attended the year who were born in			Total No. of children who attended during the year	No. of attendances during the year made by children who at the date of attendance were			Total attendances during the year
				1963	1962	1961-58		under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
L.H.A.	8	40	1,265	1,101	1,031	1,267	3,399	11,316	2,309	1,293	14,918

The numbers seen by doctors at the various clinics are as follows:

Month	1961	1962	1963
January	—	1,068	307
February	—	451	310
March	—	648	526
April	—	532	559
May	—	766	630
June	775	487	514
July	683	389	363
August	861	568	634
September	646	494	432
October	718	560	664
November	642	560	444
December	333	298	390
TOTAL		6,821	5,773

The nutritional and physical status of children are higher than ever before and the psychological factors governing their development may be in this day and age of great moment, but

Dried milk was distributed as follows:—

	1963	1962
Cow and Gate	2,131	2,158 cartons
Ostermilk	24,823	23,314 cartons
Trufood	5,611	5,686 cartons
S.M.A.	541	— cartons

And National Dried Milk, Cod Liver Oil and Orange Juice were issued at all clinics, to the extent of:—

	1963	1962
N.D.M.	9,081	11,197 cartons
Orange Juice	15,168	13,700 bottles
Cod Liver Oil	2,053	1,969 bottles
Vitamin A and D	1,339	1,944 tablets

As already indicated the Infant Mortality position is unsatisfactory and there were 49 deaths of infants under 1 year during 1963.

- 6 died under 24 hours
- 8 died under 1 week
- 7 died under 1 month
- 28 died between 1 month and 1 year

The Day Nurseries have worked the whole of the year at full pressure.

The drop in attendance which is less than expected, was due entirely to the new system of charges. This has meant that a woman worker has had to pay up to £3 or £4 per week instead of the previous basic charge of 15/-.

The following is a summary of the work of Craigie Lea during 1963, furnished by Mrs. Wilson, S.R.N. Matron. Craigie Lea has 65 places, but the average daily attendance was 56.

The attendances during 1963 were 10,972. The numbers on the register on December were 69; of these 19 were from separated parents, 17 unmarried mothers, 1 widower, 6 due to parents illness, 3 problem families. Apart from these, a number were admitted because of financial difficulties.

During the year we had 1 case of pertussis and 6 cases of diarrhoea all of which were excluded. There were a number of children with severe colds and bronchitis, otherwise there was no further infection and no accidents to report.

I think the Day Nurseries are of great benefit to children of Problem Families, if and when the mothers will take advantage of the help offered.

I feel the Day Nurseries could provide a very good social service to people who are endeavouring to make headway in the building up of their homes, could they afford the charges made.

The Superintendent Nursing Officer is always at hand should we need her assistance.

The doctors attend when necessary and immunisation and vaccination are carried out with the parents consent, although quite a number are completed before admission.

The following is a review of the work at the Ling Bob Day Nursery for 1963 provided by the Matron, Miss Goodwin, S.R.N.

The Ling Bob Nursery was full of children until February when the Nursery Charges were increased and the parents assessed on their joint income. At this time about 20 children left the Nursery.

At the moment we do not have a waiting list which is an advantage in as much as we can take any emergency immediately.

At the present time we have the children of 6 unmarried mothers, 6 parents who are separated, 1 mother a widow, 1 child of a widower (the mother died this month, January 1964) 1 child with her father in the Forces and six children from four problem families.

The problem families are often brought to our notice by the Health Visitors, but in some cases the parents will not put their children in the Nurseries because of the charges.

We have only had a small amount of infectious diseases in the children:—

- 10 cases of chicken-pox

- 1 case of mumps

- 1 case of measles

- 2 cases of impetigo (There were at different periods. The children get the germ from older children in the family).

Doctor now visits the Nursery once a month for Medical Inspections and Immunisation. Completed during the year 10 children triple immunisation and 7 children oral polio vaccine. Quite a number of other children are still in the process of completing their injections.



We still have requests for admission of children when the mother is being confined, again usually for a period of 2—4 weeks.

The number of children on our register, January 1963, was 52, in December 1963, there was 36.

**DAY NURSERY STATISTICS**

	No.	No. of Approved Places		No. of children on register at end of year		Average daily attendance during year	
		0-2	2-5	0-2	2-5	0-2	2-5
Nurseries maintained by Council .. ..	2	50	63	38	67	32	52
Nurseries maintained by Voluntary Organisations .. ..	—	—	—	—	—	—	—

**Private Premises; Daily Minders**

In addition to Day Nurseries, the Local Health Authority registers premises for private enterprise and also Daily Minders. Great care is taken to ensure a very high standard of care for all children according to the same standards of hygiene and professional competence which is practised daily in Ling Bob and Craigie Lea.

Nursing Homes are also Registered under Section 187-194 of the Public Health Act, 1936.

	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Nursing Homes first registered during 1963 ..	—	—	—	—
Nursing Homes on the register at the end of 1963 .. .. .	2	—	28	28

The Halifax Rural Deanery Moral Welfare Council administer a Mother and Baby Home at St. Margaret's House, 8 Balmoral Place, as agents of the Halifax Corporation. Under an agreement between the Council and the Moral Welfare Council, the Corporation agree to pay five-sixths of the cost of maintenance. The average stay of ante-natal and post-natal cases is six weeks.

**St. Margaret's House**

(1) Total Beds (excluding Maternity, Labour and Cots	12
(2) Labour Beds .....	0
(3) Cots .....	7
(4) No. of admissions (ignoring re-admissions after confinement during the year) .....	48

(5) No. of admissions in item (4) for which the authority was responsible .....	42
(6) No. of expectant mothers sent to other homes, Pay- ment on an ad hoc basis .....	10

I have much pleasure in including statements by Miss Westwood the Social Worker and Miss Tolson, Matron.

During 1963, 60 people were referred to the Halifax Moral Welfare Council from the County Borough of Halifax and in addition 39 from the West Riding Area of the Halifax Deanery.

Of the 60 Borough cases, 14 were married and 44 were single women expecting, or having had illegitimate babies and 2 were family problems. Advice and help were given in a variety of ways to the mothers involved in this situation, and to their families.

On the 31st December, 1963, the position of the mothers and babies was as follows:—

#### **Married women 14**

- 2 babies were adopted
- 4 babies were with mothers in her home
- 1 baby was with a foster mother
- 1 baby was with mother with relatives
- 1 mother was co-habiting with the baby's father and had the baby with her
- 2 mothers left the district
- 3 were expectant mothers.

#### **Single girls 44**

- 14 girls were bringing up baby in their parent's home
- 11 babies were adopted
- 2 expectant mothers married
- 1 mother was in lodgings with baby
- 1 mother was with baby in a relative's home
- 1 mother was co-habiting with the putative father and had baby with her
- 1 baby was with a foster mother
- 2 girls left the town
- 11 were expectant mothers

(Four girls were admitted to St. Margaret's House and arrangements had been made for 3 to be admitted at the beginning of 1964. Arrangements were made for 6 girls to be admitted to the Roman Catholic Maternity Home in Leeds and 4 to other homes).

During the year 1963, we have admitted 48 girls. Of these 46 were expecting an illegitimate child. Two others who had been admitted to hospital prior to their confinement came for post-natal care.

There were 39 babies, 23 were placed for adoption and 16 returned to their mother's home. Two girls discharged themselves after a few days. We also had nine cancellations after the girl had been accepted for some weeks.



The age group is fairly wide ranging from thirteen years to the mid-twenties. This helps to create a family atmosphere and even the emotionally upset seem to settle down quickly.

Some of the rooms have been re-decorated and the outside of the building has been painted, all of which helps to give a pleasing aspect to the house.

As from August 1963 the Speech Therapist has been in attendance full time at the Halifax Clinic and Schools. She no longer attends the Huddersfield Clinic and as a result of this is able to make a weekly visit to Bermerside School to treat the speech defective children in addition to her visit to Quarry House and regular visits to the Infant and Primary Schools in the Borough. Although the Speech Therapist has only been in attendance full time for six months the number of children attending the Clinic regularly has been increased by 50% on last year's figures. The problem of speech defective children in the Schools is now being more adequately dealt with.

When the Speech Therapist was only able to spend part of her time in Halifax she had one session allocated to pre-school children and this was devoted to the detection of deafness in babies between nine and twelve months, and a weekly Screening Clinic was, and is held at North Parade. Since attending full time in Halifax the sessions have been increased to two a week for the pre-school children, therefore, children under five with a speech defect are able to be treated at the School Clinic although they are not attending Nursery School. These children are referred by the Maternity and Child Welfare Doctors and the Health Visitors.

No. children on waiting list	.....	.....	.....	56
No. new cases referred	.....	.....	.....	250
No. cases discharged	.....	.....	.....	65
No. attendances	.....	.....	.....	1,612
No. School visits. (Including weekly visits to Bermer-				
side and Quarry House)	.....	.....	.....	93
No. reviews at Clinic	.....	.....	.....	76
No. reviews at Schools	.....	.....	.....	34
No. cases under treatment	.....	.....	.....	70
Dyslalia	.....	.....	.....	99
Dyslaia/Partially Deaf	.....	.....	.....	9
Cleft Palate	.....	.....	.....	5
Stammer	.....	.....	.....	30
Stammer/Dyslalia	.....	.....	.....	3

The Principal School Dental Officer reports as follows:—

### **Dental Treatment Return**

#### **(a) Expectant and Nursing Mothers provided with dental care:—**

No. examined in 1963	.....	.....	.....	3
No. needing treatment	.....	.....	.....	3
No. who commenced treatment in 1963	.....	.....	.....	3
No. of courses of treatment completed in 1963	.....	.....	.....	1



**(b) Children under Five:—**

No. examined	.....	.....	.....	.....	72
No. needing treatment	.....	.....	.....	.....	70
No. who commenced treatment	.....	.....	.....	.....	69
No. of courses of treatment completed in 1963					65

Forms of Dental Treatment provided	Expectant and Nursing Mothers	Children under 5
Scaling and Gum Treatment .. .. .	1	16
Fillings .. .. .	7	4
Silver Nitrate Treatment .. .. .	—	6
Crowns and Inlays .. .. .	—	—
Extractions .. .. .	2	98
General Anaesthetics .. .. .	1	71
Dentures provided: Full upper or lower .. .. .	—	—
Partial upper or lower .. .. .	—	—
Radiographs .. .. .	1	—

## MIDWIFERY

The domiciliary midwifery service deals with 24% of all confinements in the town. There is a small increase of domiciliary births. In addition the domiciliary midwives may be responsible for the post-natal care of Halifax cases discharged from Maternity Hospitals outside the town. The current practice in Bradford is to discharge Hospital cases, where the mother elects and where she is well enough, after 48 hours from the time of delivery. This method has, so far, not extended to Halifax.

Attendances at the Ante-Natal Clinic are very good and it is only rarely necessary to visit defaulters in their own homes. Halifax women appreciate the need for supervision during their pregnancy and co-operate with all members of the staff. 2 Pupil Midwives were successfully trained during 1963 and the Medical Officer of Health as Medical Supervisor of Midwives conducted two series of six lectures.

The tripartite arrangement for midwifery practice has worked well. Co-ordination is maintained by means of a special professional liaison committee and the Medical Officer of Health is also Chairman of the local Obstetrical Committee.

	Number of Midwives practising in the area of the Authority at 31st December, 1963		
	Domiciliary Midwives	Midwives Institutions	Total
Midwives employed by Voluntary Organisations			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of National Health Service Act	5	—	5
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
Midwives employed Hospital Management Committee, etc.	—	24 (2 Part-time)	24 (2 Part-time)
Midwives in Private Practice	1	—	1
TOTAL	6	24 (2 Part-time)	30 (2 Part-time)

In addition to conducting labour and providing ante and post-natal care the midwives assist the medical staff at the ante-natal clinic and carry out special tests when required.

At the ante-natal clinics, in addition to medical examination, blood is withdrawn for Haemoglobin estimations, Wasserman tests, blood compatibility and Rh factor assessment. Although the tripartite system of responsibility for midwifery obtains in this County Borough, as in other major authorities, there is an excellent system of interchanging information in Halifax between Obstetric Practitioners, Hospital and Local Health Authority ante-natal clinics. During the year this integration of effort has been strengthened by the introduction of a co-operation card. This card is retained by the expectant mother and filled in by the doctor after each examination. By this means details of blood picture, health, blood pressure, urine examinations, etc., are intercommunicated to all concerned. More time is now devoted by medical and midwifery personnel to the patient's happiness and security. While it is necessary for all primigravida and multigravida with four previous pregnancies to have their babies in hospital, there are many psychological advantages to the mother in having her baby at home. A natural tranquility develops noticeably with home confinements under the family doctor and domiciliary midwife.

## Midwives' Deliveries at Home and Hospital

	Number of Deliveries in the Area of the Local Supervising Authority attended by Midwives during 1963		
	Domiciliary Cases	Cases in Institutions	Total
	As Midwives	As Midwives	As Midwives
Midwives employed by the Authority	—	—	—
Midwives employed by Voluntary Organisations			
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of National Health Service Act .. .. .	599	—	599
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) .. .. .	—	—	—
Midwives employed by Hospital Management Committees, etc. ..	—	2,100	—
Midwives in Private Practice ..	—	—	2,100
<b>TOTAL</b> .. .. .	599	2,100	2,699

The number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1918, by a Midwife:—

(a) For Domiciliary Cases:—

(i) Where the Medical Practitioner has arranged to provide the patient with maternity medical services under the National Health Service .....	204
(ii) Others .....	—

Medical Aid Forms received during the year on behalf of child .....

Of these:—

Discharging eye(s) .....	3
Prematurity .....	6
Colds .....	8
Asphyxia .....	2
Septic Spots .....	2
Rashes .....	3
Vomiting .....	1
Abnormalities .....	2
Shocked Condition .....	—
Convulsion .....	—
Jaundice .....	1
Bleeding from Nasal Passage .....	1

Notification received in accordance with Central Midwives' Board Rules:—

Notification of Stillbirth .....	3
Notification of having laid out a dead body .....	—
Liable to be source of infection .....	12

### HEALTH VISITING

Some difficulty has been experienced in maintaining the Health Visiting strength. To fulfil the varied service of Health



Visitors in addition to their child welfare role, State Registered Nurses have been appointed for domiciliary care in relation to Tuberculosis, Geriatrics and special duties. This departure has been successful. Under the guidance of the Superintendent Nursing Officer the Health Visiting service is a comprehensive one which works well with the other nursing services and Home Helps to strengthen community care. Sometimes it is difficult to assess the value attaching to Health Visiting, particularly in relation to child welfare. The Health Visitor is a silent worker mobilising the services required to maintain family health. Her links extend beyond the Health Education function delivered so effectively at a personal level in the home, to ties with the Mental Health Service, Hospital Almoners, General Practitioners, Welfare Services and Voluntary Organisations. A family with problems, through her influence, may be preserved as a unit but once breakdown has occurred all her skill applied all the time will often be of no avail. The economic deployment of her resources has been my first concern. Whilst she must be free to report clinical difficulties directly to general practitioners, certain aspects of her work in relation to re-housing, hard core problem families, infectious diseases and the results of special surveys, work must be channelled to the other services controlled by the Health Committee. The Child Welfare Clinics in the district in which she works may afford her convenient opportunity for group education and bringing certain problems before the Assistant Medical Officers of Health, but her main role is in the home and if difficulties arise through non-attendance at clinics for special purposes, e.g., in relation to immunisation or vaccination, then appropriate steps are taken within the home. The Health Visiting Headquarters are at Kirby Leas with all other branches of the Nursing Service, including the Home Help Organiser.

	No. of Health Visitors employed at end of year		No. of Visits paid by Health Visitors during the year						
			Expectant Mothers		Children under 1 year of age		Children between the ages of 1-5	T.B.	Other Cases
	Whole Time on Health Visiting	Part Time on Health Visiting	First Visits	Total Visits	First Visits	Total Visits	Total Visits		
1963	6	1	343	384	1,571	3,797	8,215	1,137	3,526

There are more elderly people living in the community in the proportion of 10-15 per cent. To preserve the ageing community as free from disease as possible may appear a primary aim of the Health Visiting Service but in a more positive way the building up of the whole personality, physical and mental through a useful and purposeful activity will be more socially profitable. It may take a litte time to establish Old Peoples' Clinics analogous to Child Welfare Clinic but the introduction of special Geriatric Nurses who not only visit people in their own homes but also Darby and Joan Clubs and Old People's Welfare Committees, are steps in the right direction.

## HOME NURSING

The Halifax and District Nursing Association carry out the Home Nursing Service as agents of the Corporation, which is adequate to meet the needs of the Borough. The Local Authority have equal representation on the Joint Committee.

The Nursing Association is a training school for the Queen's Institute of District Nursing and five nurses were successfully trained during the year.

1963 has been a singularly successful year in this section. Staffing has been excellent. Visits have increased by 2% over the year; again, two-third of the total have been to the over 60 age group and the need for heavier type of bedside nursing has been met. Great credit is due to Mrs. Murphy, my deputy, for co-ordinating the central nursing needs with those of general welfare, home helps, geriatric health visiting, etc.

### Classification of Cases

	Cases	Visits
On books 1st January, 1963	538	—
Cases completed, 1962	2,000	—
Remaining cases, 31st December, 1963	541	—
Medical	1,785	53,406
Surgical	592	11,476
Tuberculosis	18	965
Pneumonia	44	456
Maternal Complications	10	82
Other—Gynaecological	92	1,123
Total cases, 1963	2,541	67,508
Total cases, 1962	2,190	65,192

Number of Nurses employed at the end of the year:—

Whole-time on Home Nursing 31 (incl. 5 student Nurses).

The effectiveness of the agency arrangement is kept in mind and I review Home Nursing from time-to-time.

### HALIFAX HOME NURSING SERVICE 1953—1963

(1) Year	(2) New Cases	(3) Total Visits	(4) Patients aged over 65 inc. Cols. (2) and (3)		(5)
			Cases	Visits	
1953	1,745	46,929	1,196		25,559
1954	1,766	51,098	1,146		34,762
1955	2,020	58,098	923		38,570
1956	2,407	61,771	1,283		44,148
1957	2,272	62,203	832		43,332
1958	2,280	62,551	901		43,447
1959	2,230	59,939	855		41,669
1960	2,039	56,275	780		40,439
1961	2,161	59,306	1,199		41,316
1962	2,016	64,987	1,224		45,052
1963	1,955	67,509	1,378		44,504



The picture conveyed by the Halifax statistics over this period shows some irregularity, but 1953 was the beginning of a recovery of the Service from a very lax period due to an abnormal shortage of staff. This was overcome by a variety of measures and in 1953 the Halifax total visits represent a figure of 26 visits annually per patient; this has slowly built up over the years with certain fluctuations from time to time, and the 1962 figures show an approximate figure of 32 visits per patient and the 1963.

The figures for O.A.P.'s in 1953 were 34 and in 1962 this total rose to 37 visits per patient and in 1963 31 visits per patient. There has thus been a slow but definite improvement which has been achieved by increase of staff, expansion of transport facilities, etc.

Knowledge of Halifax condition, personnel, etc., and the survey compared with other areas prompts the view that the administration at present is satisfactory.

If there is an incipient decline in Home Nursing Visits shown up by a diminishing trend in new cases one must consider the fact that in the year 1956, penicillin injection therapy was at the height of its popularity and a great percentage of cases were represented by a matter of five days attendance each for acute cases. Since then, oral therapy has been in the ascendant. The nucleus of patients left may be the chronically ill who require nursing techniques divorced from the simpler methods used in cases who recover.

### **Incontinent Pad Service**

The provision of these has been provided by the Local Authority since April of this year. This change has been much appreciated in view of the greater number of patients who benefit, although it is with gratitude we acknowledge the previous help we received from the Council of Social Service, who, during the previous eight years, financed this service when it was restricted to old people. To-day younger chronically ill people are able and grateful for the use of these pads.

## **VACCINATION AND IMMUNISATION**

### **Diphtheria Immunisation**

Children under 5—

Diphtheria immunisation by means of the combined antigen (diphtheria, whooping cough and tetanus) was continued during the year at Child Welfare Clinics and by General Practitioners. The figures for completed primary courses are a little up compared with the previous year.

Triple antigen is given as a course of three injections, at four weekly intervals commencing when the child is three months old. Mothers attending the Welfare Clinics have the value of prophylactic immunisation explained, and are encouraged to make use of the facilities available. Children who have completed a primary course of triple vaccine are offered a booster dose at 18 months. This service has not been as complete as the initial course of



injections owing to the attendance at Welfare Clinics falling off after the child has reached one year of age. This is a general trend throughout the country.

Children of school age, 5-14 group—

Details of this service are supplied in a separate report on the School Medical Services.

**Smallpox Vaccination**

The outbreak of smallpox in Bradford during January and February 1962 resulted in a marked increase in the public demand for vaccination.

The figures for 1963 are, therefore, very different and, for both primary and secondary vaccination, amount only to between 1-2 per cent. of the 1962 figures.

The public are kept constantly informed of the Ministry of Health's decision advising Local Health Authorities to change the age for vaccination from three months to between one and two years. It is found that the latter age group is associated with the minimum number of post vaccination complications. No doubt this change may be somewhat responsible for the unsatisfactory protection which is being accepted by the public for their children.

**Vaccination against Poliomyelitis**

Special evening clinics are held on the first and third Thursdays of each month. They are not well attended.

Children of school age—

Children in this group are immunised at the School Clinic or by doctors chosen by the parents. Details will be found in the separate report on the School Medical Service.

No. of Children who completed a full course of Primary Immunisation in the period ending 31st December, 1963				Total No. of Children who were given a secondary or Reinforcing Injection
Age at date of Final Injection		Total		During 12 months ending 31st December, 1963
Under 5	5—14			
965	86	1,051		700

**Vaccination**

Medical arrangements in respect of vaccination are the same as those in operation for immunisation. In the event of an outbreak of smallpox, the Child Welfare and School Clinics will be used as emergency vaccination centres, and general practitioners will be asked to co-operate either at their own surgeries or at the emergency vaccination centres.

The public are kept constantly informed of the facilities provided for free vaccination.

No. of persons Vaccinated (or re-vaccinated) during period:—

Age at 31st Dec. 1963	Under 1	1—4	5—14	15 or over	Total 1963	Gross Total
No. Vaccinated	57	86	7	26	176	15,069
No. Re-vaccinated	4	12	18	81	115	11,450

### VACCINATION AGAINST POLIOMYELITIS

At the end of the year the following people had received two injections by:—

Local Authority Doctors	.....	.....	.....	.....	18,252
General Practitioners	.....	.....	.....	.....	13,152
Third injection	.....	.....	.....	.....	28,752
Fourth injections	.....	.....	.....	.....	10,400

During the year individual cards setting out the immunisation experience taking place from infancy to adolescence have been introduced. The Health Visitor is entrusted with the responsibility for issuing these to the home of each new baby receiving a first visit. It is thought that this will be an occasion of very great importance to Health Education and preventive medicine in particular and delivered to the mother at a critical and impressive time. It is too early yet to gauge the effectiveness of the method which to date has not borne fruit, but the new system is but one small step of improving the protection of children against infectious disease, the response to which may be worse in Halifax than in most other towns of comparable size.

### National Health Service Act (Ambulance Service)

The Service has continued to operate in accordance with the provisions of Section 27 of the National Health Service Act, 1946, as amended by Section 24 of the National Health Service (Amendment) Act, 1949.

#### Vehicles in service 31st December, 1963

- 7 Austin Ambulances LD 4
- 1 Morris Ambulance LD 4
- 2 Morris Sitting case Ambulances J Type

#### Establishment at the end of the year

- 1 Ambulance Officer
- 4 Shift Leaders
- 19 Driver/Attendants
- 2 Telephonists

From the attached tables you will see that the increase which as been noted for the past five years is continued in 1963. We carried 3,981 more patients did 781 more journeys and travelled 11,853 more miles. To my mind this trend is likely to continue for some time yet. I think that one of the largest factors in this

# Type of Patients

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Journeys.. ..	1,015	937	1,081	1,046	1,055	944	1,036	1,139	1,027	1,110	1,101	1,075	12,566
Recumbent .. ..	742	741	798	619	632	627	580	616	550	688	679	653	7,925
Sitting .. ..	2,009	2,079	2,516	2,454	2,746	2,228	2,649	2,852	2,573	2,892	2,960	2,590	30,548
Carried in Ambulance..	2,398	2,437	2,692	2,390	2,754	2,361	2,874	2,592	2,395	2,812	2,867	2,467	31,039
Carried in S/case vehicle	353	383	622	683	624	494	355	876	728	768	772	776	7,434
<b>Categories</b>													
Street Accidents ..	53	39	43	52	52	82	55	58	78	66	68	78	724
Street Illnesses ..	19	20	28	24	23	13	24	16	13	10	21	19	230
Works Accidents ..	11	7	4	6	12	5	6	9	10	10	14	4	98
Works Illnesses..	8	2	3	5	3	4	3	3	1	8	2	3	45
Home Accidents ..	50	47	45	40	43	60	53	50	40	31	40	58	557
Maternity .. ..	67	61	62	51	69	68	59	63	55	70	60	65	750
Obstetrical .. ..	19	16	26	19	7	20	12	13	23	23	26	18	222
Mental .. ..	2	—	—	1	—	—	2	—	2	4	1	1	13
House Transfers ..	17	11	14	5	7	10	17	13	17	8	6	11	136
Hospital Transfers ..	88	73	112	92	79	88	88	114	113	116	95	85	1,143
Out Patients .. ..	1,862	1,967	2,384	2,353	2,561	2,058	2,427	2,709	2,387	2,830	2,850	2,442	28,830
Admissions .. ..	395	409	441	306	320	286	310	304	270	298	335	335	4,009
Discharges .. ..	160	168	152	119	202	161	173	116	114	106	121	124	1,716
Totals .. ..	2,751	2,820	3,314	3,073	3,378	2,855	3,229	3,468	3,123	3,580	3,639	3,243	38,473
<b>Mileage</b>													
Ambulance Mileage ..	11,720	10,429	11,717	9,969	10,918	9,806	1,957	10,346	10,574	11,449	11,229	10,251	130,365
S/Case vehicle mileage..	1,492	1,384	2,221	2,634	2,342	2,151	1,302	2,858	2,263	2,385	2,485	2,354	25,871
Totals .. ..	13,212	11,813	13,938	12,603	13,260	11,957	13,259	13,204	12,837	13,834	13,714	12,605	156,236



increase is inter-hospital transport, within the Halifax Group. If one remembers that Northowram Hospital is a 9 mile journey and we go several times in one day. I am afraid that there is little or no consideration given to the Ambulance Service by the Hospital Service. They don't seem to be able to co-ordinate their needs even from one hospital. To give an example of this I quote a typical case. A patient from a Male Medical Ward is to be transferred to Northowram, as soon as possible. We send for this patient, 15 minutes later, we get a requisition to transfer two sitting cases from a Female Medical Ward to Northowram. All three patients have probably been seen by the same Dr. on the same round, and could all have gone together on the one journey. And this sort of thing happens almost every day. So the mileage goes up.

The fleet is composed of 8 LD type of ambulances and 2 J type sitting case vehicles. The crews of the ambulances are all qualified in First Aid, and attend annual revision at the Ambulance Station under my supervision. During the year the number of drivers was increased by one, but at the same time the number of days Annual Leave was also increased, so I am afraid the benefit we would have had from this man has largely been off-set.

The Establishment at the moment stands at:—

1 Ambulance Officer	4 Shift Leaders
19 Driver/Attendants	2 Telephonists.

The mileage travelled under the Calder Valley Agreement increased by 2,500 miles.

For patients who have to be transported very long distances, we try to use train and ambulance transport, bearing in mind the Medical recommendation. The Voluntary Societies have assisted in this field by providing escorts, for which I am grateful.

We have also used the Red Cross Pool car service for certain cases, especially to the Convalescent Homes that are not served by a Rail Service, and off the beaten track.

The fleet has been maintained by the Transport Department, who have also helped by providing cars at my request for the transport of patients under the care of the Mental Welfare Officers.

I am grateful to the Transport Manager for his co-operation.

#### **West Riding County Council Mileage**

Ambulances	Car/Ambulances	
29,372	6,392	1963
25,070	8,195	1962

#### **Transported by Rail**

No of Patients—49	Estimated Mileage—3,600
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The following summary is a record of the work done by the service fleet over the past ten years.

Year	No. of Vehicles in service 31st Dec.	Total No. of Journeys during the year	Total No. of Patients carried during the year	No. of Accidents and other Emergency Journeys inc. in Col. 3	Mileage during the year	Total Mileage for the year
1954	Ambulances 8 Cars 2 Car Amb. 1	9,343 4,743	13,076 12,589	797 6	82,926 44,258	127,184
1955	Ambulances 8 Cars 2 Car Amb. 1	9,297 4,543	14,532 12,932	928 20	82,454 51,398	133,852
1956	Ambulances 6 Cars 1 Car Amb. 4	7,448 4,646	14,627 13,268	1,058 430	69,241 57,604	126,845
1957	Ambulances 5 Car Amb. 5	4,560 6,641	10,431 14,913	2,069 1,982	42,245 74,493	116,738
1958	Ambulances 5 Car Amb. 4	5,261 5,754	14,478 14,371	2,162 1,942	53,380 69,785	123,165
1959	Ambulances 5 Car Amb. 4	5,741 5,088	15,789 12,931	2,066 1,675	60,904 62,456	123,360
1960	Ambulances 5 Car Amb. 4	6,104 5,066	16,761 13,099	2,156 1,760	65,771 62,883	128,654
1961	Ambulances 7 Car Amb. 3	9,398 2,430	25,108 6,921	2,907 275	105,309 30,130	135,439
1962	Ambulances 8 Car Amb. 2	9,435 2,450	26,447 8,045	3,103 110	113,504 31,879	145,383
1963	Ambulances 8 Car Amb. 2	10,670 1,896	31,039 7,434	2,982 42	130,365 25,871	156,236

### HOME HELP SERVICE

Notwithstanding the increased establishment to an equivalent of 50 full time home helps from the 1st April, the service has still not reached a point of being able to give adequate care to the people of the Borough. The ratio of population to the number of staff available allows rather less than half a home help to each thousand of the population, and the increasing tendency of caring for the aged in their own homes rather than in residential homes and hospitals strains our resources very severely.



**Comparison Table of New Cases during the year**

	1962	% of total	1963	% of total	Comparison
Chronic Sick *** .. ..	208	68.3	227	75.1	+19
Tuberculosis .. ..	3	1.0	1	0.4	— 2
Mental Health .. ..	—	—	4	1.3	—
Maternity and Ante-Natal ..	62	20.3	35	11.6	—27
Housewife ill .. ..	27	8.9	35	11.6	+ 8
Husband ill .. ..	5	1.5	—	—	— 5
Totals .. ..	305		302		— 3

This table shows a further increase in the new cases in the Chronic Sick see \*\*\* these figures include chronic sick under the age of 65, and also the aged and the blind. A further breakdown of the figures shows that there is a marked reduction in the number of Maternity cases undertaken during the year—I have no doubt that the prime reason for this is that many young parents are not prepared to pay the standard rate of 4/- per hour, and in these days of high wages the majority of applicants for the services of a help following a home confinement find that they are not eligible for the lower charges, in fact several cases who applied for help have withdrawn their applications upon being informed that they would be required to pay the full charge. No comparison figures are available for mental health cases as these cases were previously included in the chronic cases.

**Comparison Table of total case load and homes served during the year**

	1962	1963	Comparison
Cases brought forward from previous year .. ..	302	338	+36
New Cases .. ..	305	302	— 3
Total homes .. ..	607	638	+31

The present weekly case load is 400. Some 75 applications for help have not been accepted, some of these have been referred to private cleaners on occasions when home helps have not been available, or when the circumstances under which help was requested did not fall within the categories specified in the National Health Act.

Some of the pressure on the home help service was relieved in November, when two cleaners were appointed to undertake the cleaning of neglected homes—since such tasks are not a daily occurrence they are employed also to clean for aged persons who only need somebody to do the heavier cleaning in the house, this relieves the home helps of some twenty cleaning cases weekly,



and allows more time to be allocated to the more seriously ill patients. It has still not been possible to institute an evening service for the aged, but in the early part of December a sitting in service was commenced, only two sitters-in have been employed initially and to date they have attended two cases, both advanced carcinomas, and have enabled the elderly spouse of each patient to obtain some much needed rest.

During the Wakes holiday period many of the Home Helps were taking their annual leave and valuable assistance was given to us most willingly by the W.V.S. whose members very kindly undertook to visit some 50 of our old people and to do their shopping, etc. I was most grateful for their timely help and I know that the old people were glad of this spirit of co-operation between the official service and the voluntary helpers. Mrs. Follows the W.V.S. Organiser and her many helpers gave us valuable service.

### Comparison Table of hours Worked in each type of Case

	1962	% of total	1963	% of total	Comparison
Chronic Sick (including Aged and Blind) .. .. .	74,712 $\frac{1}{4}$	91	88,937 $\frac{1}{4}$	94	+3
Tuberculosis .. .. .	721 $\frac{1}{2}$	0.8	1,825	1.9	+1.1
Mental Health .. .. .	—	—	659	0.8	
Maternity and Ante-Natal ..	2,400 $\frac{1}{2}$	3	1,271 $\frac{1}{2}$	1.3	—1.7
Housewife ill .. .. .	3,818 $\frac{1}{4}$	4.6	1,962 $\frac{3}{4}$	2	—2.6
Husband ill .. .. .	551 $\frac{1}{2}$	0.6	—	—	—0.6
Total Hours ..	82,204		94,655 $\frac{1}{2}$		

Again it can be seen that there is a marked increase in the amount of time worked in the homes of the aged; this is inevitable since the majority of cases in this category usually need progressively more help as they advance in years and deteriorate in physical and/or mental ability.

Home Helps travelling time between cases was 1,542 $\frac{3}{4}$  hours, compared with 1,846 hours in 1962, this shows a reduction of 303 $\frac{1}{4}$  hours, and has been effected by continuing to deploy the helps in small compact areas.

There has been no difficulty in recruiting staff, and I still have a waiting list of applicants.

During the year the Home Help Organiser has visited 1,068 homes. This is not nearly enough for the supervision of the service; unfortunately, the continually expanding service results in considerably increased clerical work and quite beyond the amount of routine office work that can be undertaken by the one clerk in this office, and therefore a considerable amount of Mrs. Friend's time has to be devoted to routine clerical work. The Committee has this problem in mind and additional administrative assistance will be given to the Section in 1964.

There has been good liason between this section of the Health Department and Health Visitors, District Nurses, Midwives and the Welfare Department.

The Home Helps themselves have worked, often under very trying circumstances, with their customary cheerfulness—many of them have undertaken extra duties in their own time for the benefit of their cases—an appreciation is expressed to these staff, and indeed to all those who have contributed to the work of the service.

1. Number of Home Helps at the end of the year:—
- (a) Whole Time ..... 14

(b) Part- Time ..... 63
- Number of Cleaners at the end of the year ..... 2
- Number of Sitters-in at the end of the year ..... 2

2.

	Col. 1 No. of Cases where Domestic Help was provided during the year	Col. 2 No. of hours worked	Col. 3 Cases in Col. 1 completed in which help began prior to 1963
(a) Maternity Ante-Natal ..	35	1,271½	—
(b) Chronic Sick			
Under 65 .. ..	35	5,776½	98
Over 65 .. ..	498	79,239½	
(c) Tuberculosis .. ..	6	1,825	1
(d) Housewife ill! .. ..	40	1,962¾	—
(e) Mental Health .. ..	8	659	1
(f) Blind .. ..	18	3,921¼	1

3. Number of applications received during the year—377.

**PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

**Convalescent Home Treatment**

Convalescent Home Treatment is available for those who need a period of recuperation before returning to their normal duties. A medical certificate is obtained from the patient's own doctor recommending a period of convalescence and if no actual treatment is required the applications are dealt with as vacancies occur in the Home at St. Annes-on-Sea. Forty-five cases were admitted during 1963.

**Loan Equipment**

During 1963, 317 patients were issued with various items of loan equipment. The most called for items included air-rings, bed pans, bed rests and mackintosh sheets. In addition, urinals,



bed cradles, wheel chairs, crutches, feeding cups were issued. Our present list of loan equipment includes the following items:—

Air Rings	Mackintosh Sheets
Bed Rests	Urinals
Bed Cradles	Wheel Chairs
Bed Pans	Bed Tables
Crutches	Latex Foam Mattresses
Feeding Cups	Commodes

Special equipment is provided for paraplegics for use at their own homes. Periodical checks on the articles are made by the health visitors.

## **Health Education**

Sixteen lectures were given to societies by myself and/or members of my staff on:—

- Food Hygiene
- Prevention of accidents in the home
- Prevention of diseases
- Health Department administration
- Mental Health
- School Health
- The Adolescent
- The Backward Child
- Clean Air
- Hospital After-Care
- Home Helps

Use is made of flannelgraphs, film strips and other visual aids. Health education on the dangers of smoking and lung cancer is given at schools by school doctors and teaching staff in addition to the propaganda directed by public lectures.

## **Venereal Diseases**

The usual source of infection is a human being suffering from the disease—syphilis or gonorrhoea. Infection is acquired by sexual intercourse. The control of the venereal disease is as much a social as it is a medical problem. From the strictly medical aspect, the first aim is the prompt diagnosis and efficient treatment of patients with a view to tendering them non-infective. Among the general measures directed towards the prevention of venereal disease the most important is suitable health education for young people on the dangers of contracting infection. A number of infections are contracted while under the influence of alcohol, which not only inhibits the control of the higher centres, but also renders the individual less capable of taking precautions which, if sober, he might use. The following figures refer to local patients attending Treatment Centres:—



Number of persons dealt with for the first time during the year, and found to be suffering from:—

	Local Clinic	Other Clinics
Syphilis .....	5	—
Gonorrhoea .....	72	2
Other Conditions .....	295	5
	<u>372</u>	<u>7</u>

	Syphilis		Gonorrhoea		Other Conditions		TOTALS		
	M.	F.	M.	F.	M.	F.	M.	F.	Tot'l
For individual attention by Medical Officers .. ..	330	477	377	145	1061	469	1,768	1,091	2,859

**V.D. Social Work for the year ending 1963**

Details provided by Miss G. E. Davie (W.R.C.C.), Social Worker, on her work in the County Borough:—

Total No. of Defaulters from treatment .....	41
„    „    of attendances after visit .....	32
„    „    of revisits to Defaulters .....	54
„    „    of ineffectual visits .....	64
„    „    who failed to attend .....	4
„    „    of Contacts .....	5
„    „    of re-visits .....	
„    „    of ineffectual visits .....	14
Attendances at Clinic .....	4
Pos. A.N.C. patients notified .....	14
Attended .....	—
No. not referred, or found negative .....	12
Total No. of Clinic attendances for year 1963 .....	188
Total No. of visits for all purposes for year 1963 .....	375

The duties of Social Worker at S.T.C. Royal Halifax Infirmary include the attendance at each female clinic, the interviewing and booking in of all new patients and the interview of all patients afterwards at each clinic visit. The assessing and payment of V.D. travelling expenses where necessary. The clerical work of the clinic (including writing to patients defaulting from treatment). The tracing and interviewing of male and female contacts of infection and the contacts of other known patients, e.g., wife, husband, or children.

Visits and enquiries to Ante-Natal Clinics in regard to positive Ante-Natal Wassermanns and help offered to get contacts examined.

Occasional visits to police, probation officer and N.S.P.C.C. The booking of ambulances when necessary and other work on instruction from Clinic Medical Officers.

### V.D. Cases

Year					Male	Female	Total
1955	.....	.....	.....	.....	93	46	139
1956	.....	.....	.....	.....	142	97	239
1957	.....	.....	.....	.....	112	53	165
1958	.....	.....	.....	.....	109	66	175
1959	.....	.....	.....	.....	183	78	561
1960	.....	.....	.....	.....	168	98	266
1961	.....	.....	.....	.....	209	119	328
1962	.....	.....	.....	.....	190	107	297
1963	.....	.....	.....	.....	257	115	372

### TUBERCULOSIS

This year there were 63 notifications and 6 deaths from Tuberculosis. This is in contrast to 1962 when there were 80 notifications and 13 deaths.

The scheme for B.C.G. Vaccination of 13 year old school children, entered its third successful year. Of the total number in the 13 year age group (1600), there were 999 acceptances = 70%. Reactors were found to be free from tubercular disease. B.C.G. is an avirulent strain of living Tubercle Bacilli, which, when injected in suitable concentration has the power of producing reaction and resistance against the invasion of virulent organisms. If the rapid decline of all forms of tuberculosis, as in the last decade, continues, by 1970 there will be no longer a need to use the vaccine.

Chest Clinics are held at the Royal Halifax Infirmary—

Monday	.....	.....	9-30 a.m.	—	11-45 a.m.
Tuesday	.....	.....	9- 0 a.m.	—	11-40 a.m.
Wednesday	.....	.....	9- 0 a.m.	—	11-40 a.m.
			1-30 p.m.	—	3- 0 p.m.
Thursday	.....	.....	9- 0 a.m.	—	11-40 p.m.
Friday (Contact Clinic)			1- 0 p.m.	—	2-30 p.m.

Approximate number of attendances made by County Borough patients at the local chest clinics during the year—741.

### MASS RADIOGRAPHY

Report on Mass Radiography Survey held in Halifax  
October-November, 1963

#### Examinations Carried Out

	Males	Females	Total
Number of Miniature X-rays taken	3,758	2,539	6,297
Number of large films taken	54	32	86

Analysis of Provisional Findings

	Males	Females	Total
Cases of Active Tuberculosis .....	10	2	12
Cases of Inactive Tuberculosis .....	8	2	10
Other Abnormalities .....	26	21	47

B.C.G. VACCINATION

13 year age group year 1963—numbers tested, etc.

Summary

Number of children in this age group	1,424	
Number of acceptances for B.C.G. ....	999	
% of age group accepting .....	70	
Number skin tested .....	978	Absences 21
% of acceptances tested .....	98	
Attendances for inspection .....	978	
% of total tested .....	100	
of these—Positive .....	173	= 17.4%
Negative .....	805	= 82.6%
Of those inspected: Vaccinated .....	798	Refusals, etc. 7
Referred X-ray .....	173	
Attended X-ray .....	164	
Result of X-ray:		
No radiographic evidence of		
disease .....	163	
Referred to Chest Clinic .....	1	
Referred to School M.O. ....	—	

ANNUAL REPORT, 1963  
CHIROPODY

The Chiropodist writes:—  
During the last year, 353 sessions have been worked with the help of Mr. Akroyd, 313 of my own, 40 of his.  
I have treated 215 new cases, 37 handicapped, 165 aged, 13 A.N. Combined we have completed 2,009 follow-up treatments.  
Total number of treatments 2,224, Clinic attendances 300.  
Total number of visits 1,924.  
We have given approximately 40 to 42 treatments per week during this last year.  
We have had a fair increase of new patients this year, much higher than the cancellations, so it is still essential to have eight weeks between visits.  
Our average is the same as last year.  
Handicapped 20%, Aged 70%, A.N. 10%.  
There are still certain patients who need monthly treatment. Up to now, I have been able to work them in, but it is getting a problem with the increase of new people.

1 9 6 3

Total No. of Sessions .....	333
(New Cases)	
Aged .....	165



Handicapped	.....	.....	.....	.....	.....	37
A-N	.....	.....	.....	.....	.....	13
Total No. of New Cases	.....	.....	.....	.....	.....	215
Total No. of Treatments	.....	.....	.....	.....	.....	2,224
Total No. of Investigations	.....	.....	.....	.....	.....	—
Total No. of Visits	.....	.....	.....	.....	.....	1924

The preliminary assessment of need for Chiropody is made by the Heath Visitor preceding the Chiropodist's visit. In cases of difficulty a medical opinion is sought but before the Chiropodist attends, a prescription for the treatment required in individual cases is received from the family doctor. To relieve the strain of Home Visiting on the Chiropodist attendance with or without ambulance transport can be arranged in suitable cases at the clinic each Saturday morning.

### MENTAL HEALTH

The Mental Health Section has been kept busy during 1963, and the statistics indicate that more patients have been referred than in any previous year. This increase has been evident for a number of years, and particularly since the Mental Health Act of 1960. The number of patients referred during the year (641) compares favourably with 428 in 1959. It will be noted that 213 patients who were referred by hospitals represent one third of the total and this is double the number referred the previous year. It may not be true to say that there is an increase in the incidence of mental disorder, but there are certainly more cases coming the way of the Health Department. This may be due to an improved attitude and a better understanding of those affected. The field of mental health has widened considerably as more people have become acquainted with the subject. Mental Health is no longer a 'closed shop' and a matter to be left to the professional workers. The doctor and psychiatrist are more accessible for giving treatment and advice, and the Mental Welfare Officer is becoming accepted as an official aid with the well-being of the patient and his family at heart. This changing attitude towards the Health Department staff and improved relationships generally with the public voluntary workers and others provide greater assistance to the individual patients.

It is now found that, as a result of the assistance to the individual patients, short periods of stay in hospital, and the intensified out-patient treatment, that the community is learning to lend support to the mentally disordered. There may be some criticism of the hospital's wish to discharge a patient in a relatively short time (in many cases in less than six weeks), but it is surely better to discharge a patient as soon as he is well enough not to require further active treatment, even though a relapse may occur after a time requiring re-admission, than to keep the patient in hospital indefinitely, divorced from society, from reality and the family. This presents a challenge to the services controlled by the Medical Officer of Health. This also imposes strain on community resources and demands an intensification of the effort of

Health Departments. The question arises—are we geared to cope with such a situation and are there more relapses than would be the case if more emphasis was placed on community after-care? Better treatment seems to recoil on our Service, for the way society functions depends on mental health, and more money should be made available not only for research, but in providing adequate staff.

Although the Mental Health Act emphasises informal admission to hospital it should be noted that each year there is a rise in the number of compulsory admissions. During 1959, immediately preceding the new arrangements, 54 persons were dealt with under compulsory measures whereas in 1963, the figure was 110. Of the total number of patients referred in these two years, 12.6% were admitted under compulsion during 1959, and 17.1% in 1963. The only solace is that the duration of compulsory detention has been reduced, but many of those dealt with during 1963 were re-admission, which is reflected on the place of the community services.

Again there was a substantial increase in the number of patients receiving domiciliary visitation by the social workers—463 as against 313 the previous year. With such a case load the staff available has to select their visiting, which is not satisfactory, for experience has long taught us that to be neglectful of maintaining regular contact with patients can produce serious consequences.

Complementary to domiciliary visitation, the Therapeutic Social Club held each week is a great advantage. Apart from the therapeutic value of the Club activities the Mental Welfare Officers who attended regularly throughout the year were able to meet many patients collectively and it was frequently found that what appeared to be insignificant problems would come to notice, which could be resolved before they developed into major issues. There is still need to educate members of the public in seeking advice and help in the early stages when the most effective measures can be taken.

The Social Club membership has persistently increased and attendance has remained steady. It has been interesting to note that some members who have missed attending for substantial periods have suddenly re-appeared which suggests that they have felt a need for the benefits the Club offers. The activities have been varied, discussions, films, talks, dances and socials have all played a part in its function. The Club has been grateful for the support given by Dr. Ropschitz, Consultant Psychiatrist and other staff of the hospital, and is an example of co-operation between the Hospital and Health Department Services.

The end of the year closed within sight of the opening of our first hostel. A considerable amount of thought and effort was put in during the year in the planning of this venture which is to be of an experimental nature. A good sized family house located near the General Hospital where the psychiatric services are based



was acquired. This has been slightly extended and adapted to give accommodation for six men and resident staff. The intention is to admit men for a limited period of time after hospital treatment, or from the community if the need arises, for the purpose of rehabilitation. We hope to learn much from this project which will help in the planning and organisation of other hostels included in the 10 year plan.

Links with hospitals have been maintained—at times with difficulty on account of the thirteen mile journey to Storthes Hall Hospital. Local mental hospital development will ease the position in due course.

The number of visits to subnormal persons has been increased during the year—885 against 787 in 1962. By regular contact with these persons and their families in their own homes much can be done to relieve anxieties which arise in the minds of those caring for them. There were 153 mentally subnormal persons receiving home visits at the end of the year, a similar number to the previous year, and the major part of the work is by special nurse who is a member of the Mental Welfare Officers' team.

A problem regarding the mentally subnormal which does cause some concern to the Department arises as a result of many patients in hospitals being given informal status. Some of those in the higher intelligence group have for this reason left hospital. Having built up substantial bank balances whilst working during their long stay in hospital, but yet lacking in intelligence to administer their affairs wisely and at the same time resenting what they consider to be an intrusion by the social worker, they soon find themselves in difficulty. The answer to this situation is not necessarily in the provision of hostels by the local authority. This type of person having lived a somewhat restricted life either in hospital or an attached hostel, is not keen to accept a similarly controlled environment in the community. They may, therefore, find private accommodation which initially they can well afford and our experience has been that they later may cease the employment found for them prior to leaving hospital. Their savings in consequence may dwindle and it is not until they may become exhausted that they realise the predicament they are in. In such circumstances the social worker is powerless, although it is easy to forecast the inevitable. The problem becomes a social one within the community and usually presents itself when the situation is hopeless. Hospitals are reluctant to re-admit such cases on the grounds of social incompetence and in the absence of other accommodation they become drifters. Informality in such cases, in my opinion, should be treated with some reservation, otherwise all the care given by the hospitals will be wasted and the patients will ultimately have to be re-admitted.

Classification as severely subnormal would make it possible to transfer them to the care of the Local Authority under Guardianship. This would give more control of their affairs, whereas



under the circumstances previously described the patient has a perfect right to reject any help offered to him.

During 1963, the activities at the Furness Park Training Centre has progressed favourably, the training of all ages and types of mentally subnormal persons taking place. The building of a new industrial Centre has had to be deferred owing to the town centre development plan. This was disappointing as it impedes progress, and consequently activities at Furness Park have been limited. Nevertheless, towards the end of the year we were able to negotiate outwork from local firms on a limited scale. This proved effective and the addition to the staff of a male instructor has been a great advantage. It is with an eye to the future activities in the Centre to be built on a new site earmarked for the purpose within the next two years, that planning is now taking place. The move away from handicraft work for sub-normal adults is strongly recommended and the introduction of productive work of an industrial nature is more satisfying.

The number of trainees at the Centre both children and adults has remained fairly constant. It has been possible to introduce very young children to the Junior Centre who have benefited from early training. The results have certainly justified the extra care and supervision and it is felt that on a long term policy the training they have received in early life will stand them in good stead in later years.

It has been possible by arrangements with the Sub-Regional Bed Bureau at Westwood Hospital, Bradford, to admit a number of subnormal persons for periods of temporary care during the year. Such an arrangement is very useful at times when difficulties arise in the home such as the illness of the mother and other emergencies or in order to allow the family to take a holiday. In cases where permanent care has been required reasonable consideration has been given to circumstances of the case and the availability of beds on which there is a heavy demand.

During 1963, the local branch of the National Society for Mentally Handicapped Children opened a Social Club in Halifax. This has been a great success and credit is due to parents and friends for supporting this project, which the Department has encouraged. One has only to make a visit to the Club to become aware of the appreciation of the participants and the useful purpose it is serving.

The Mental Health Section is supported by a Local Association for Mental Health, particularly in bringing its work to the notice of the public. Special meetings were held during the year which were addressed by speakers of varying disciplines. The Medical Officer of Health is represented on the Executive Committee, and guidance is given to the voluntary work.

Towards the end of the year voluntary workers received instruction from Dr. Cairns on the rudiments of mental illness related to social case work. Work with Mental Welfare Officers, it is thought, might lighten the official attitude and lead to a

friendly participation of those willing to give personal service in the home, the club and the hostel.

The activities of the Local Samaritan Service have been followed with interest, and again the Medical Officer of Health is represented on the Committee by Mr. Holdsworth.

Help is also given by the Council of Social Service and Women's Voluntary Service, in appropriate ways when specially required. It is seldom that requests for assistance are not met promptly by these agencies.

The affairs of the Mental Health Section are the responsibility of the Mental Health and Care Sub-Committee which has met regularly during the year, and General Practitioners have continued to give valiant service to the cause of mental health by their devoted skill.

**Staff:** As at 31st December, 1963:—

Medical Officer of Health

John G. Cairns, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health

D. Ridgway Morris, M.B., Ch.B., D.P.H.

Senior Mental Welfare Officer

Leonard Holdsworth

Mental Welfare Officer

Robert Mudd

Social Worker

Jean Nicholson

Welfare Assistants

Peter L. Nickerson

Margaret Scott

Auxiliary Staff

Miss S. L. Walker

Mr. H. Hudson

Approved under the Mental Health Act, 1959, Section 28 (2):—

John G. Cairns, M.B., Ch.B., D.P.H.

D. Ridgway Morris, M.B., Ch.B., D.P.H.

Willis Henry Craven, B.Sc., M.B., Ch.B., D.T.M.

Reginald K. Hyland, M.B., B.S.

David K. Bruce, M.B., Ch.B., D.P.M.

David H. Ropschitz, M.D., D.P.M.

David W. T. Harris, M.R.C.S., L.R.C.P., D.P.M., D.P.H.

### **Summary of Work Undertaken by Mental Welfare Officers under the Mental Health Act, 1959**

1. Number of patients referred to the Mental Health Service during the year by:—

(a) General Practitioners	.....	.. ..	.....	.....	124
(b) Relatives	.....	.....	.....	.....	102
(c) Hospitals	.....	.....	.....	.....	213
(d) Psychiatric Clinics	.....	.....	.....	.....	70
(e) Local Education Authority	.....	.....	.....	.....	17
(f) Police	.....	.....	.....	.....	38
(g) Other Sources	.....	.....	.....	.....	77

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641

(b) Number receiving training:—					
	Males under 16	.....	.....	.....	16
	Females under 16	.....	.....	.....	13
	Males 16 years and over	.....	.....	.....	13
	Females 16 years and over	.....	.....	.....	18
					<hr/> 60
(c) Number on Waiting List for Admission to Hospitals:—					
(i) Severely Subnormal:—					
	Female under 16	.....	.....	.....	1
	Female 16 years and over	.....	.....	.....	1
(ii) Subnormal:—					
	Male under 16	.....	.....	.....	1
	Males 16 years and over	.....	.....	.....	2
					<hr/> 5
2. Of patients referred (as para. 1) number:—					
(a) Admitted to Hospital under:—					
	(i) Mental Health Act, 1959, s.5 (Informal)	.....	.....	.....	124
	(ii) Mental Health Act, 1959, s.25 (Observation)	.....	.....	.....	52
	(iii) Mental Health Act, 1959, s.26 (Treatment)	.....	.....	.....	6
	(iv) Mental Health Act, 1959, s.29 (Emergency)	.....	.....	.....	52
					<hr/> 234
(b) Referred to General Practitioners and Psychiatric Clinic					
	.....	.....	.....	.....	140
(c)	Referred for Domiciliary Visiting	.....	.....	.....	195
(d)	Referred for Guardianship	.....	.....	.....	—
(e)	Referred to Other Social Agencies	.....	.....	.....	34
(f)	Other Means	.....	.....	.....	38
(g)	Admitted to Training Centres (included in (c) above)	.....	.....	.....	8
3. Number of Domiciliary Visits:—					
(a)	Mental Illness	.....	.....	.....	2,329
(b)	Mental Subnormality	.....	.....	.....	885
					<hr/> 3,214
4. Number of Sessions attended at Psychiatric Clinics					
	.....	.....	.....	.....	178
5. Number of patients under the care of the Local Health Authority on 31st December, 1963:—					



(a) Number receiving domiciliary visits:—

(i) Mentally Ill	.....	.....	.....	.....	.....	287
(ii) Severely Subnormal	.....	.....	.....	.....	.....	31
(iii) Subnormal	.....	.....	.....	.....	.....	122
(iv) Psychopathic	.....	.....	.....	.....	.....	23
						<hr/>
						463
						<hr/>

## SECTION IV

### MISCELLANEOUS REPORTS

#### National Assistance Act, 1948

Six cases were removed to hospital under Section 47 of this Act, viz:—

January—female (St. John's Hospital) reason:  
grave chronic disease, age, physically handicapped and living in insanitary conditions.

May—female (St. John's Hospital) reason:  
aged and infirm and living in insanitary conditions.

August—female (58 years) (St. John's Hospital) reason:  
grave chronic disease, physically handicapped and living in insanitary conditions.

August—female (St. John's Hospital) reason:  
grave chronic disease, aged and infirm and living in insanitary conditions.

October—female (St. John's Hospital) reason:  
grave chronic disease, aged and living in insanitary conditions.

November—female (Halifax General Hospital) reason:  
grave chronic disease, age, physically handicapped and living in insanitary conditions.

#### FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

(Information provided by the Chief Welfare Officer)

	Causes of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
1. Number of cases registered during year in respect of which Paragraph 7 (c) of Forms B.D.8 recommends:				
(a) No treatment .. .. .	—	3	—	6
(b) Treatment (Medical, Surgical or Optical) ..	11	6	—	15
2. Number of cases at (1) (b) above, which on follow-up action have received treatment .. .. .	6	4	—	11

#### Epilepsy

At the 31st December, 1963, twenty seven persons suffering from epilepsy were known to the Welfare Services Department. Four of these were also registered blind persons, and two persons had the dual handicap of suffering from cerebral palsy.

Four persons were under the care of the local authority in residential accommodation provided under Part III of the National Assistance Act, 1948, and two boys were attending special schools.

**Cerebral Palsy**

Thirty-five persons handicapped by cerebral palsy were registered as handicapped persons at 31st December, 1963.

Of these three were in residential accommodation at White Windows Cheshire Home, Sowerby Bridge, and eight children were attending special schools.

Twelve persons, in the young adult age group, were attending daily the workshops of the Halifax Spastics Society, transport in a specially adapted bus being made available by the Welfare Services Committee. These persons are fully engaged on industrial work in the workshops and social activities are also provided for them by the local society.

The Welfare Officer for Handicapped Persons is available to assist all handicapped persons with their many problems and to advise them on the services available, statutory and voluntary, to assist them in overcoming the effects of their disability.

**MEDICAL EXAMINATIONS**

The Medical Officer of Health is Medical Referee for the Corporation Superannuation and Sickness schemes. More and more, the work takes on the character of a welfare medical service for the Corporation officials and, on several occasions, with the co-operation of other chief officers, rehabilitation measures have been proposed to employees in industrial cases.

The undermentioned medical examinations were carried out during the year by the medical staff of the local authority:—

Examinations for employment and superannuation .....	428
Ministry of Education examinations—	
Form 28 R.Q. ....	48
Form 4 R.T.C. ....	84
	—————
	132
Examinations on behalf of other local authorities .....	3
Medical examination of employees following prolonged absence due to sickness .....	33
Examinations for admission to Outward Bound Schools	—
	—————
	596
	—————

**PUBLIC MORTUARY**

The Mortuary is situate in Hall Street. There were 158 P.M.'s performed during 1963.

**CREMATIONS**

The Medical Officer of Health is the Medical Referee.

(Information supplied by the Manager and Registrar, Parks and Cemeteries Department).



## Number of Cremations

Total number of Cremations since the opening of Crematorium to 31st December, 1963 .....	11,550
Total number of Cremations for the year 1963 .....	1,713

## Disposition of Remains for the year 1963

Scattered or buried in Grounds .....	1,574
Placed, or to be placed, in Niches .....	—
Placed, or to be placed, in Graves .....	—
Taken away by representatives .....	124
Awaiting instructions for disposal .....	15
There were 978 cremations of Halifax residents during the year.	

## WATER SUPPLY

### Data provided by the Waterworks Engineer & Manager

These results apply to water supplied by the Calderdale Water Board within the County Borough of Halifax only.

The quantity of water supplied throughout 1963 was satisfactory.

### Quality of the Supply

The bacteriological quality was highly satisfactory throughout 1963.

The number of bacteriological analyses carried out on filtered and treated water was 649. These analyses were carried out on Thrum Hall filtered, Roils Head post filtration storage reservoir, Ogden filtered, Ogden, Brookfoot, and Ogden Kirk post filtration reservoirs. All these analyses gave a negative result in the presumptive coliform test.

Bacteriological analyses carried out on raw waters from Albert Victoria, and Ogden Reservoirs totalled 187.

Victoria and Albert samples together totalled 141, of which 72 gave positive results in the presumptive coliform examination, varying from one to 180 plus per 100 mls. i.e., 48.9% of the samples were free of coliforms in 100 mls. of water.

Forty-six analyses were carried out on Ogden raw water, of which 25 gave positive results in the above test, i.e., 45.7% of samples showed a negative result.

### Chemical Analyses

Chemical analyses were carried out on six samples of Thrum Hall filtered water at intervals throughout the year. The average values appear below.

Total solids dried at 180°C .....	83
Chlorine (Chlorides) .....	14
Free ammonia (N) .....	0.11
Albuminoid ammonia .....	0.04
Oxygen absorbed in 4 hours at 80°F .....	0.41
Temporary hardness (as Ca CO <sub>3</sub> ) .....	5
Permanent hardness (as Ca CO <sub>3</sub> ) .....	29

Nitrous Nitrogen	.....	.....	.....	.....	.....	.....	NIL
Nitric Nitrogen	.....	.....	.....	.....	.....	.....	0.31
Lead in solution	.....	.....	.....	.....	.....	.....	NIL
Lead absorbed in 24 hours	.....	.....	.....	.....	.....	.....	NIL
Manganese	.....	.....	.....	.....	.....	.....	0.13
Iron	.....	.....	.....	.....	.....	.....	0.05
pH value	.....	.....	.....	.....	.....	.....	8.6
Colour—Hazen units	.....	.....	.....	.....	.....	Less than 5	
Turbidity—Silica Scale	.....	.....	.....	.....	.....	.....	NIL
Total residual chlorine	.....	.....	.....	.....	.....	.....	0.23
Free Carbon Dioxide	.....	.....	.....	.....	.....	.....	NIL
Calcium hardness (as Ca CO <sub>3</sub> )	.....	.....	.....	.....	.....	.....	21
Silica (Si O <sub>2</sub> )	.....	.....	.....	.....	.....	.....	7
Fluoride (as F)	.....	.....	.....	.....	.....	.....	0.2

All results expressed in parts per million

These samples were taken at Thrum Hall Filter House, after filtration and chlorination, and immediately before going into supply.

Six chemical analyses were carried out on raw water arriving at Thrum Hall from Victoria and Albert Reservoirs, the average values of which are given below.

Total solids dried at 180°C	.....	.....	.....	.....	.....	.....	73
Chlorine (Chlorides)	.....	.....	.....	.....	.....	.....	14
Free ammonia (N)	.....	.....	.....	.....	.....	.....	0.08
Albuminoid ammonia	.....	.....	.....	.....	.....	.....	0.09
Oxygen absorbed in 4 hours at 80°F	.....	.....	.....	.....	.....	.....	1.14
Temporary hardness (as Ca CO <sub>3</sub> )	.....	.....	.....	.....	.....	.....	NIL
Permanent hardness (as Ca CO <sub>3</sub> )	.....	.....	.....	.....	.....	.....	28
Nitrous Nitrogen	.....	.....	.....	.....	.....	.....	NIL
Nitric Nitrogen	.....	.....	.....	.....	.....	.....	0.23
Lead in solution	.....	.....	.....	.....	.....	.....	NIL
Lead absorbed in 24 hours	.....	.....	.....	.....	.....	.....	5.7
Manganese	.....	.....	.....	.....	.....	.....	0.15
Iron	.....	.....	.....	.....	.....	.....	0.40
pH value	.....	.....	.....	.....	.....	.....	4.6
Colour—Hazen units	.....	.....	.....	.....	.....	.....	32
Turbidity—Silica Scale	.....	.....	.....	.....	.....	.....	7
Total residual chlorine	.....	.....	.....	.....	.....	.....	—
Free Carbon Dioxide	.....	.....	.....	.....	.....	.....	8.8
Calcium hardness (as Ca CO <sub>3</sub> )	.....	.....	.....	.....	.....	.....	13

All results expressed in parts per million

Thrum Hall Filtered water accounts for about 90% of water supplied within the Borough of Halifax, either directly or via Roils Head Reservoir. The remainder of the piped supplies come from Ogden Reservoir via the Ogden Filter House and Brookfoot covered service reservoir, together with a small percentage from Bradford Corporation Waterworks.

One chemical analysis was carried out on Roils Head water and another one each on Ogden raw and filtered water during 1963.



The analyses of the filtered water showed the quality to be satisfactory.

## **Filtration**

The filtration process at Thrum Hall consists of an initial treatment with lime and sodium aluminate, in order to coagulate the colour and other impurities, followed by filtration through sand and gravel pressure filters, together with a further dose of lime to correct the remaining acidity and remove the plumbo-solvent action of the water. A final dose of one third of a part per million of Chlorine is added to remove any bacteria remaining after filtration.

The process at Ogden is similar, except that sodium carbonate solution is used instead of lime.

Approximately  $8\frac{1}{2}$  million gallons of water are filtered and treated daily at Thrum Hall and approximately 600,000 gallons daily at Ogden Filter House.

The doses of chemicals are checked daily, and adjusted if necessary.

The filtered water is tested bacteriologically every working day at Thrum Hall, and weekly at Ogden. Roils Head water is tested daily and Ogden Kirk and Brookfoot filtered water reservoirs at regular intervals.

As no coliform bacteria were detected in the filtered water during the year, no special action was needed to counter contamination.

Plate counts in nutrient agar medium at 22°C and 37°C are also carried out daily, any increase in count above the normal level giving an indication of the falling efficiency of filtration.

When this occurs the doses of coagulant and chlorine are adjusted, the filters washed out, and prechlorinated, in order to restore the plant to full working efficiency.

## **Number of dwelling houses and population supplied**

- (a) Direct to the house—33,000 houses. Population 96,000.
- (b) By means of stand pipe—5 houses.

## **Domestic Supplies**

The Health Dept. has sampled various domestic supplies.

During the year, 33 samples of water were taken mainly from houses with private supplies in outlying areas. In ten of the cases the samples were taken in connection with applications for Improvements or Standard grants.

Seventeen of the samples were satisfactory, eight not wholly satisfactory, and eight were reported as not safe for human consumption.

Steps were taken to trace the source of pollution. Filters were put on one supply and another supply was dispensed with following connection to the mains supply. In a third case the house was made the subject of a 'Closing Order'.



## SEWAGE

(Information supplied by the Sewage Works Manager)

### Sewage Purification

The efficient purification of domestic sewage and industrial wastes is an important and essential link in the chain of public health services.

All drainage from the Borough, with the exception of certain fringe areas referred to later, eventually arrives at the Purification Works sited at the lowest point in the town on three separate but adjacent areas of land at Salterhebble, Copley, and North Dean.

Apart from the small volume from Copley village which has to be raised to the level of the Works by means of sewage ejectors, the liquid wastes gravitate to the Works, where they are purified to the requirements of the Yorkshire Ouse River Board before discharge into the River Calder.

The method of purification in use consists of acid precipitation and settlement followed by biological oxidation effected partly by bacteria beds and partly by activated sludge units. Because of the need to deal with 98 discharges of industrial wastes from 77 different premises in the Borough, in addition to the normal domestic sewage, the Works have to be about twice the size that would otherwise be required.

The solid residues, extracted in the form of sludges during purification, are mechanically dewatered and processed to yield by-products in the form of sterile, pulverised, organic fertilisers and industrial grease. These are subsequently sold thereby effecting complete and positive disposal of these otherwise objectional residues, in a hygienic manner which also produces an income that makes a useful contribution to the overall cost of operating the Works.

During 1963, a total volume of 2,090,890,000 gallons of sewage and industrial wastes were given full treatment, an average of 5,728,000 gallons for each day of the year, from which 47,962 tons of liquid sludges were extracted yielding after processing 2,560 tons of organic fertilisers and 331 tons of grease.

The parts of the Borough which are in different catchment areas and therefore do not drain to the Halifax Purification Works, referred to above, are the Warley and Luddenden district which drains to the Works of the Luddenden Foot Joint Sewerage Board on which Halifax is represented, and the Northowram area which by agreement drains to the Works of the Brighouse Corporation.

It is planned to modernise and extend the Halifax Works, parts of which are now more than 60 years old, over the next few years. This will involve the expenditure of a fairly large sum of money, but is absolutely essential if the worn out and out of date plant and equipment is to be replaced with new, and its capacity extended to enable it to comply with the requirements

of the Yorkshire Ouse River Board in respect of the volume to be treated and the standard of the effluent required for discharge into the River Calder.

## CLEANSING

(Information received from the Director of Public Cleansing)

During the year a total of 34,000 tons of house and trade refuse was handled by the department. Of this quantity, 5,000 tons were dealt with by separation and incineration, the remaining tonnage was disposed of by Controlled Tipping. The latter method was adopted by the Council as a method of disposing of the whole of the town's refuse during the year. A further 70 refuse containers were introduced into the service and for the first time, used in domestic premises; the system is working successfully.

Salvage recovery has progressed steadily during the year, and production has almost doubled, between 80 and 90 tons of paper per month have been recovered.

1963 has seen footpaths and carriageways receiving more attention than in previous years; this has been achieved by re-organisation. Litter is still causing a considerable nuisance and whilst steps have been taken to ease this problem, the final results will not be seen until 1964.

## RODENT CONTROL

From information supplied by Mr. A. W. Perry,  
Chief Public Health Inspector

During the year 420 complaints of rats and 464 of mice were received and treatments were carried out as shown below:—

	Rats	Mice	Total
Local Authority Premises .....	98	203	301
Corporation Houses .....	27	119	146
Private Business Premises .....	122	478	600
Private Dwelling Houses .....	484	477	961
	<hr/>	<hr/>	<hr/>
TOTAL	731	1,277	2,048
	<hr/>	<hr/>	<hr/>

It is estimated that 2,870 rats were killed.

No charge is made for the service to householders, but business premises are charged at a rate of 8/- per hour. Normal treatment (as recommended by the Ministry of Agriculture, Fisheries and Food) consists of a bait of a blood anti-coagulant, "topped up" until there are no more "takes".

Two treatments of the town's sewers were carried out during the year, both were with Sodium Fluoracetate '1080', and were carried out by contract, supervised by the Borough Engineer. The first treatment was of 2,530 manholes, of which 329 were post-inspected. These showed a 10.63% complete take, 24.6% part take and 64.7% no take. A second treatment of these areas showing a residual infestation was carried out six weeks later. 1,435 manholes were treated and 170 were post inspected. 11% showed complete takes, 29% showed part takes and 60% showed



no take. Up to 300 bodies of rats killed were noted at the Sewage works. The contract provides for a further treatment of the sewers in 1964.

One meeting of the Workable Area Committee No. 4 of the Ministry of Agriculture, Fisheries and Food was held in Halifax. At this meeting representatives of the Ministry discussed with local authorities representatives difficulties met with, new poisons available and liaison with the Nationalised Industries.

A joint meeting of the Workable Area Committees, Nos. 2, 3 and 4 was also held at Halifax. Representatives came from the Skipton and District and from the Wakefield, Morley and Dewsbury Districts. The Senior Principal Scientific Officer in charge of the Ministry of Agriculture, Fisheries and Food's Rodent Research Station addressed the members on "Research, Recent Developments and the Future of Rodent Control".

One joint meeting of representatives of each of the five Workable Area Committees in Yorkshire was held in Leeds. This meeting was convened by the Ministry of Agriculture, Fisheries and Food to co-ordinate the work done in each area.

## **INDUSTRIAL HEALTH**

The Halifax Industrial Health Committee has not met since my last report was published.

## **FACTORIES**

**From information supplied by Mr. A. W. Perry,  
Chief Public Health Inspector**

H.M. Inspector of Factories sent 26 notices (comprising 33 items) under Section 9 of the Factories Act, 1961. In addition there were 10 complaints (15 items) brought forward from 1962.

Of these 18 complaints (23 Items) were remedied during the year and 18 complaints (25 Items) from H.M. Inspector of Factories were outstanding at the end of the year.

The Public Health Inspectors found and remedied 28 other defects.

There were 18 outworkers on the register at the end of the year, and no cases of default in sending lists to the Council were discovered (Section 133). There were no cases of outwork being carried on in unwholesome premises (Section 134).



**TABLE XXVII**  
**Inspections for Purposes of Provisions as to Health**

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	12	7	3	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authorities.. .. .	682	134	25	—
3. Other premises in which Section 7 is enforced by the Local Authority*(excluding outworkers premises) ..	4	3	—	—
Total .. .. .	698	144	28	—

\* i.e., Electrical Stations (S.123) (1) Institutions (S.124) and sites of Building Operations and Works of Engineering Construction (Section 127).

**TABLE XXVIII**  
**Cases in which defects were found**

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1) ..	2	—	—	—	—
Overcrowding (S.2) .. ..	—	—	—	—	—
Unreasonable temperature (S.3).. .. .	—	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective draining of floors (S.6).. .. .	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) Insufficient .. ..	—	—	—	—	—
(b) Unsuitable or defective	98	98	—	20	—
(c) Not separate for sexes..	4	1	—	4	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
TOTAL .. .. .	104	99	—	24	—

**Rent Act, 1957. Certificates of Disrepair**

One application for a Certificate of Disrepair was received during the year. No applications for cancellation of Certificates of Disrepair or for Certificates as to the Remedying of Defects were received during the year.

## SECTION V

### HOUSING AND SANITARY CIRCUMSTANCES

Information supplied by Mr. A. W. PERRY,  
Chief Public Health Inspector

Following last year's review of the houses unfit for human habitation in Halifax, a start has been made on the enlarged demolition programme and 300 houses were represented in the Commercial Road (North No. 1) Area, the largest clearance area represented since the war. Many more "well maintained payments" were awarded in the year than has been the occasion in the past; this feature reflects the fact that the proportion of owner/occupied houses dealt with is increasing.

An exhibition designed to publicise Standard and Improvement Grants was held in the Town Hall. Attendances exceeded 14,000, coming from the north of Bradford, Colne in Lancashire, and villages south of Huddersfield as well as Halifax. Some 150 requests for an inspector to visit in Halifax alone were received and are being followed up. One point well covered was the method of improving back-to-backs for which there were special plans displayed. In addition, a Mobile Exhibition stayed at sites already prepared and then moved into the denser populated areas of sub-standard houses. Although the actual number of Standard Grants given was no more than last year, there was an increase in numbers of Improvement Grants, and the visits paid by inspectors show an increase of 50% resulting in an increase in the number of applications for Standard Grants in the early part of 1964.

Work to bring the abattoir up to modern hygienic standards has been proceeding throughout the year. New lighting has been installed, the lairage re-designed, the manure facilities and the drainage improved, and hand washing facilities and sterilising equipment provided. These works have enabled an improvement in the cleanliness of the abattoir to be attained.

The Meat Inspection Regulations made a review of the inspection services necessary and the commencement of charges for meat inspection (made at the maximum charges) brought forth objections from the trade at the onset but have now been accepted.

Fewer complaints have been made about industrial noise but more have been made about Ice-Cream bells chiming after 7 p.m. It was found necessary to issue a general warning about this type of nuisance.

The progress made in dealing with clearance areas is as follows:—

### **New Bank Compulsory Purchase Orders**

By the end of the year rehousing has been completed in the Nos. 2 and 3 Orders but 47 houses remained to be demolished.

### **Bottoms Clearance Order**

In the early part of the year the remaining house in this order was demolished by the Corporation in default of the owner.

### **Exmouth Street Compulsory Purchase Order**

The remaining families were rehoused and just before the end of the year the property was demolished.

### **Foster's Court Compulsory Purchase Order**

The rehousing was completed but at the end of the year demolition had not been started due to legal difficulties in ascertaining the exact ownership of some of the land.

### **Elephant Terrace Compulsory Purchase Order**

Rehousing was still not completed by the end of the year with the consequence that demolition has not yet started.

### **Upper and Lower Cross Street Compulsory Purchase Order**

During the year rehousing progressed slowly but was not completed by the end of the year. Again, therefore, demolition work has not started.

### **Wheatley Terrace Clearance Order**

At the end of the year re-housing had been completed and the work of demolition commenced.

### **Hebble Terrace Clearance Order**

This Order was confirmed by the Minister in February but re-housing had not been completed by the end of the year.

### **Corporation Street Compulsory Purchase Order**

This Order was confirmed with slight modifications at the beginning of the year. By the end of the year the majority of the rehousing was still outstanding.

### **Commercial Road North No. 1 Compulsory Purchase Order**

This large area of 300 houses was represented in March and a Public Enquiry was held in October. The Ministry's decision was still awaited at the end of the year.



# Closing and Demolition Orders, etc., Housing Act, 1957, Sections 16—18

Continuing the information given in previous reports, the following table shows the position on the 31st December, 1963:—

No. in Reg.	Address	Date of Report	Date of Closing Order	Date of Demolition Order	Remarks
203	4 Louise Street	22/11/62	13/2/63	—	Awaiting vacation by tenant
204	16 Prescott Street	24/1/63	21/3/63	—	House vacated
205	31 Oates Street	—	—	—	Informal undertaking to close. House vacated
206	7 Hodgson Terrace	21/3/63	16/5/63	—	House vacated
207	7 Beacon Terrace	18/4/63	16/5/63	—	House vacated
208	25 Causeway Head	16/5/63	20/6/63	—	Awaiting vacation
209	54 Rochdale Road	—	—	—	Informal action to demolish. Demolished
210	1 Drying Houses	16/5/63	—	20/6/63	Awaiting vacation by tenant
211	2       "       "	"	—	"	"
212	3       "       "	"	—	"	"
213	4       "       "	"	—	"	"
214	5       "       "	"	—	"	"
215	6       "       "	"	—	"	"
216	7       "       "	"	—	"	"
217	8       "       "	"	—	"	"
218	9       "       "	"	—	"	"
219	10       "       "	"	—	"	"
220	11       "       "	"	—	"	"
221	12       "       "	"	—	"	"
222	13       "       "	"	—	"	"
223	14       "       "	"	—	"	"
224	15       "       "	"	—	"	"
225	16       "       "	"	—	"	"
226	17       "       "	"	—	"	"
227	18       "       "	"	—	"	"
228	19       "       "	"	—	"	"
229	20       "       "	"	—	"	"
230	22       "       "	"	—	"	"
231	20 St. Peter's Street	20/6/63	25/7/63	—	"
232	8 St. Mark's Street	20/6/63	25/7/63	—	"
233	8 Prescott Place	25/7/63	22/8/63	—	House vacated
234	4 Railway Place	25/7/63	22/8/63	—	"
235	6 St. Thomas Street	25/7/63	22/8/63	—	"
236	51 Commercial Road	22/8/63	20/9/63	—	Awaiting vacation by tenant
237	7 Farrea Mill Lane	—	—	—	Informal Action
238	9       "       "       "	—	—	—	Houses vacant
239	9a       "       "       "	—	—	—	"
240	1 Ingham Lane	—	—	—	Informal Action Houses demolished
241	2       "       "	—	—	—	"
242	3       "       "	—	—	—	"
243	4 Bell Hall	24/10/63	—	21/11/63	House vacant
244	6       "       "	24/10/63	—	21/11/63	"
245	8       "       "	24/10/63	—	21/11/63	"
246	1 Savile Park Street	24/10/63	21/11/63	—	"
247	5       "       "       "	24/10/63	21/11/63	—	Awaiting vacation by tenant
248	12 Ena Street	24/10/63	21/11/63	—	House vacated
249	33 Lower Hope Street	—	—	—	Informal Action - House closed

To complete observations made in previous annual reports the following information is given:—

Reg. No. 79	Now demolished.
Reg. No. 85	Now demolished.
Reg. No. 123	Now demolished.
Reg. No. 124	Now demolished.
Reg. No. 125	Now demolished.
Reg. No. 126	Now demolished.
Reg. No. 127	Now demolished.
Reg. No. 128	Now demolished.
Reg. No. 137	Awaiting vacation by tenant—due to sickness closing order not being enforced.
Reg. No. 151	Now demolished.
Reg. No. 152	Now demolished.
Reg. No. 153	Now demolished.
Reg. No. 154	Now demolished.
Reg. No. 155	Now demolished.
Reg. No. 156	Now demolished.
Reg. No. 157	Now demolished.
Reg. No. 158	Now demolished.
Reg. No. 159	Demolition Order changed to a Closing Order with permission to use as a clubhouse, etc.
Reg. No. 160	Demolition Order changed to a Closing Order with permission to use as a clubhouse, etc.
Reg. No. 161	Demolition Order changed to a Closing Order with permission to use as a clubhouse, etc.
Reg. No. 164	Awaiting demolition.
Reg. No. 165	Awaiting demolition.
Reg. No. 166	Awaiting demolition.
Reg. No. 167	Awaiting demolition.
Reg. No. 168	Awaiting demolition.
Reg. No. 171	Awaiting vacation by tenant—successful prosecution—tenant fined.
Reg. No. 182	House now vacated.
Reg. No. 190	House now vacated.
Reg. No. 191	Still awaiting vacation by tenant.
Reg. No. 201	House now vacated.

### **Improvement Grants and Standard Grants**

The demand for grants remains high and whilst the number of Standard Grants is exactly the same as for 1962 (356) the number of Improvement Grants has doubled from the previous years, to 45 from 22. This is very encouraging and shows how much work remains to be carried out in this direction.

The Improvement Grant Scheme is implemented to the full amount of £400 for any type of improvement allowed by statute.

It is a disappointment to find that only 7.44% of the requests for Standard Grants were from tenanted houses. This figure is less than previous years.

The following table shows details of applications submitted to the Housing Committee during the year.

Type of Grant	No. of applications submitted	Granted	Rejected	Completed	Amount paid in respect of work in previous column	Withdrawn after submission to Committee
Standard	356	349	7	339	£38,271 16 10	10
Improvement	45	44	1	32	£5,495 8 9	1
Total	401	393	8	371	£43,767 5 7	11

An analysis of the 349 Standard Grants show that the amenities requested are as shown below:—

Owner Occupied Houses						Tenanted Houses					
Total Grants	Baths	Wash Basins	Hot Water	Water Closets	Food Stores	Total Grants	Baths	Wash Basins	Hot Water	Water Closets	Food Stores
323	278	276	233	300	287	26	24	25	26	21	24

Houses in Multiple Occupation

At the end of 1961 the Housing Act, 1961 became operative, followed in May 1962 by the Housing (Management of Houses in Multiple Occupation) Regulations, 1962. Between them, the Act and Regulations enable greater control to be exercised over such houses. The real extent of the problem in Halifax has yet to be realised but during the year 17 lettings were inspected, and the general standard was good. The houses inspected, however, were those in Smoke Control Areas to ensure fitness before conversion work was carried out, and were not typical of some of the multi-occupied houses in the town.

Housing Statistics

UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

After informal action by local authority:	
By owner .. .. .	662
After formal notice under Public Health Acts:	
By owner .. .. .	96
By Local Authority .. .. .	40
After formal notice under S.9 and 16 Housing Act, 1957:	
By owner .. .. .	—
By Local Authority .. .. .	—
Under Section 24, Housing Act, 1957:	
By owner .. .. .	—

PURCHASE OF HOUSES BY AGREEMENT

Houses in clearance areas other than those included in confirmed orders or compulsory purchase orders.	No. of houses .. No. of occupants	1 4
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## Housing Statistics—cont.

### HOUSES DEMOLISHED

IN CLEARANCE AREAS	Houses Demolished	Unfit for human habitation .. .. . Included by reason of bad arrangement .. On land acquired under S.43 (2) Housing Act, 1957 .. .. .	116 — 1
	Persons Displaced	From houses unfit for human habitation .. From houses included by reason of bad arrangement .. .. . From houses on land acquired under S.43 (2) Housing Act, 1957 .. .. .	239 — 1
	Families Displaced	From houses unfit for human habitation .. From houses included by reason of bad arrangement .. .. . From houses on land acquired under S.43 (2) Housing Act, 1957 .. .. .	72 — 5
NOT IN CLEARANCE AREAS	Houses Demolished	As a result of formal or informal procedure under Secs. 16 or 17 (1) Housing Act, 1957..	56
		Local Authority owned houses certified unfit by Medical Officer of Health .. .. .	97
		Houses unfit for human habitation where action has been taken under local Acts .. .. .	—
		Houses included in unfitness orders made under para 2 of the Second Schedule to the Town and Country Planning Act, 1959 .. .. .	—
	Persons Displaced	From houses to be demolished as a result of formal or informal procedure under Secs. 16 or 17 (1) Housing Act, 1957 .. .. .	47
		From local authority owned houses certified unfit by Medical Officer of Health .. .. .	11
		From houses unfit for human habitation where action has been taken under local Acts .. .. .	—
		From houses included in unfitness orders .. .. .	—
	Families Displaced	From houses to be demolished as a result of formal or informal procedure under Secs. 16 or 17 (1) Housing Act, 1957 .. .. .	23
		From local authority owned houses certified unfit by Medical Officer of Health .. .. .	5
		From houses unfit for human habitation where action has been taken under local Acts .. .. .	—
		From houses included in unfitness orders .. .. .	—
Number of dwellings included above which were previously reported as closed .. .. .			21

# UNFIT HOUSES CLOSED

No. of Houses	Under S.16 (4), 17 (1) and 35 (1) Housing Act, 1957 and S.26 Housing Act, 1961 .. .. .	16
	Under S.17 (3) and 26 Housing Act, 1957 .. .. .	—
Persons Displaced	From houses to be closed:— Under S.16 (4), 17 (1) and 35 (1) Housing Act, 1957 and S.26 Housing Act, 1961 .. .. .	53
	Under S.17 (3) and 27 Housing Act, 1957 .. .. .	—
Families Displaced	From houses to be closed:— Under S.16 (4), 17 (1) and 35 (1) Housing Act, 1957 and S.26 Housing Act, 1961 .. .. .	13
	Under S.17 (3) and 26 Housing Act, 1957 .. .. .	—
Parts of Buildings Closed—S.18 Housing Act, 1957:		
	Number of Houses .. .. .	—
	No. of persons displaced .. .. .	—
	No. of families displaced .. .. .	—

# Sanitary Circumstances and Sanitary Inspection of the Area

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## Description of the Work of the Public Health Inspectors Inspections and Visits

### Dwellingshouses:—

Primary Inspection under the Housing Acts .....	407
Subsequent Inspections under the Housing Acts .....	50
Work in progress under the Housing Acts .....	58
“Well-maintained” payments .....	71
Official Count .....	300
Future Clearance Area action .....	81
Standard and Improvement Grants .....	1,612
Certificates of Disrepair .....	4
Removals and Disinfestation .....	7
Inspection on behalf of Housing Manager .....	168
Sanitary defects .....	1,582
Notifiable diseases .....	50
Food Poisoning .....	9
Pathological Specimens .....	36
Dirty and/or verminous conditions .....	86
Overcrowding .....	38
Moveable Dwellings .....	2
Common Lodging Houses .....	4
Houses-let-in-Lodgings .....	10
Visits to lettings—Houses in Multiple Occupation .....	17

### Drainage:—

Public sewers inspected .....	183
Public sewers tested .....	58
Drains inspected, special inspections only .....	163
Drains tested .....	223
Ditches and Watercourses .....	3

### Factories:—

Factories (with power) .....	134
Factories (without power) .....	7
Outworkers' premises .....	16
Workplaces (General) .....	3
Workplaces (Offices) .....	4

### Shops:—

Shops Act, 1950, section 38 .....	35
Other visits .....	140
Mobile Shops .....	36



**Food Premises:—**

Milk Distributors .....	36
Dairies .....	2
Milkshops .....	8
Fried Fish Shops .....	32
Bakehouses .....	70
Butchers' Shops .....	38
Ice Cream premises .....	27
Restaurants, Cafés, etc. ....	67
School Canteens .....	6
Licensed Premises .....	21
Other food premises .....	144

**Smoke Control:—**

Smoke Observations .....	726
Works, etc., re smoke emission .....	62
Works, etc., re Prior Approval .....	5
Works, etc., re Chimney Heights .....	31
Smoke Control Areas .....	948
Atmospheric Pollution Gauges .....	1,178

**Sampling:—**

Foods and Drugs Act, 1955 .....	106
Bacteriological samples—Milk .....	50
Bacteriological samples—Ice Cream .....	77
Biological examination—Milk .....	7
Water .....	12
Swimming Baths Water .....	53
Fabrics (Misdescription) Act—Flameproof Materials .....	1

**General:—**

Premises re Fertilisers and Feeding Stuffs Act .....	13
Premises re Pharmacy and Poisons Act .....	13
Premises re Merchandise Marks Act .....	10
Stables re nuisances .....	1
Fowls, Swine and other animals .....	15
Schools .....	6
Places of Public Entertainment .....	4
Public Sanitary Conveniences .....	370
Abattoir .....	108
Noise Nuisances .....	49
Pet Shops .....	4
Offensive Trades .....	1
Knackers' Yards .....	1
Rodent Control .....	172
Accumulations of Refuse .....	151
Interviews .....	997
Miscellaneous visits .....	3,867
Total number of Inspections and Visits .....	12,255
Total number of re-inspections .....	5,305

## Particulars of work done

	Informal Action
<b>Dwellinghouses:—</b>	
General repairs .....	708
Dirty houses cleansed .....	50
Overcrowding abated .....	3
Council houses found bug-infested and disinfested .....	1
Other houses found bug-infested and disinfested .....	6
Houses cleared of other vermin .....	65
Common lodging houses—Nuisances abated or improvements effected .....	2
Houses-let-in-Lodgings—Nuisances abated or improve- ments effected .....	10
<b>Drainage:—</b>	
Sewers cleansed .....	153
Drains cleansed and/or repaired .....	173
Public sewers repaired and/or reconstructed .....	35
Drains reconstructed or new drains provided .....	70
<b>Factories:—</b>	
Factories (with power)—Nuisances abated or improve- ments effected .....	25
Factories (without power)—Nuisances abated or improvements effected .....	3
Workplaces (General)—Nuisances abated or improve- ments effected .....	—
Workplaces (Offices)—Nuisances abated or improve- ments effected .....	—
<b>Shops:—</b>	
Shops Act, 1950, section 38—Nuisances abated or improvements effected .....	2
General—Nuisances abated or improvements effected .....	11
<b>Food Premises:—</b>	
Fried Fish Shops—Nuisances abated or improve- ments effected .....	6
Bakehouses—Nuisances abated or improvements effected .....	7
Butchers—Nuisances a b a t e d or improvements effected .....	20
Ice Cream Premises—Nuisances abated or improve- ments effected .....	2
Restaurants, Cafés, etc.—Nuisances abated or im- provements effected .....	32
School Canteens—Nuisances abated or improvements effected .....	1
Licensed Premises—Nuisances abated or improve- ments effected .....	4
Other food premises—Nuisasnces abated or improve- ments effected .....	41

**Smoke Control:—**

Boiler plants improved re emission of smoke .....	10
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**General:—**

Premises cleared of rats—Dwellinghouses .....	246
Other premises .....	136
Premises cleared of mice—Dwellinghouses .....	207
Other premises .....	199
Fowls, Swine and other animals—Nuisances abated improvements effected .....	3
Schools—Nuisances abated or improvements effected .....	1
Places of Public Entertainment—Nuisances abated or improvements effected .....	7
Public Sanitary Conveniences—Nuisances abated or improvements effected .....	157
Noise—Nuisance abated or improvements effected .....	12
Accumulations of Refuse—Nuisances abated or improvements effected .....	94
Merchandise Marks Act—Contraventions remedied .....	3
Miscellaneous sanitary improvements effected .....	348

**Samples obtained:—**

	Formal	Informal
Food and Drugs Act, 1955 .....	81	118
Milk—Bacteriological .....	18	76
Milk—Biological .....	14	—
Ice Cream—Bacteriological .....	—	50
Water .....	—	29
Swimming Baths Water .....	—	70
Fertilisers and Feeding Stuffs .....	18	—
Fabrics (Misdescription) Act—Flame- proof materials .....	1	—
Pathological Specimens .....	—	804
Rag Flock .....	2	—

**Common Lodging Houses**

There is only one Common Lodging House in the Borough occupied by the Salvation Army Trustee Company. There is accommodation for 120 male lodgers, but usually no more than 75 beds are in use.

The premises are visited regularly and are clean and well kept.

**Fertilisers and Feeding Stuffs Act, 1926****Fertilisers and Feeding Stuffs Regulations, 1960**

Of the 18 samples obtained during the year 10 were of fertilisers and 8 were of feeding stuffs. Four samples of fertilisers were unsatisfactory and the manufacturers were warned.

**Pharmacy and Poisons Act, 1933****Pharmacy and Medicines Act, 1941**

At the end of 1963 there were 151 registered sellers of Part II Poisons, occupying 203 registered premises.

There were 13 inspections of these premises during the year.



## **Rag Flock and Other Filling Materials Act, 1951**

## **Rag Flock and Other Filling Regulations, 1961**

At the end of the year there were 4 premises registered under this enactment and all were in a satisfactory condition.

Two samples were taken.

## **Pet Animals Act, 1951**

This act requires that no person shall keep a Pet Shop except under a licence granted by the Local Authority.

Eight applications were received during the year and licences were granted in each case.

## **Places of Public Entertainment**

During the year 7 inspections were made of theatres, cinemas and other premises for which theatre licences are necessary, and conditions, generally, were found to be satisfactory.

## **Swimming Baths**

The swimming pool at Woodside Baths—the only public baths in the Borough—is 75 feet long and 36 feet wide, the capacity of the pool being approximately 84,000 gallons.

The water is drawn from the town's main and is constantly being circulated, purified and sterilised, circulation being at the rate of 31,500 gallons per hour. Thus, in effect, the whole of the bath water is circulated through the filters, purified and sterilised every  $3\frac{3}{4}$  hours.

The bath water is being chemically treated for 15 hours per day by Alumina, Chlorine and Sodium Carbonate.

The swimming pool is open throughout the year and there are also 26 slipper baths for men and 20 for women. Foam baths are also available.

Samples of swimming bath waters are obtained each month from the Public Baths and from all School Swimming Baths, and are submitted to bacteriological and chemical examination, and results are generally satisfactory.

Caretakers at all schools where swimming baths are installed are instructed in the chlorination and proper treatment of the bath water.

## **Public Sanitary Conveniences**

Under the control of the Health Department there are 46 public sanitary conveniences, consisting of 18 sanitary conveniences for males, 16 for females and 12 public urinals.

At the two main conveniences in town—Bull Green and Geogre Square—where there are full-time attendants and where lavatory accommodation is provided, facilities are available for the free washing of hands after use of the toilets. For this purpose wash-basins with hot and cold water have been installed and cream soap and paper towels are provided. At the King Cross Conveniences washing facilities were installed in both the Ladies' and Gentlemen's Sections. This service still proves very popular, but at the same time suffers a certain amount of abuse.

A considerable amount of misuse and wanton damage takes place at the unattended conveniences, automatic locks and fittings being in constant need of repair or replacement.

A new convenience, comprising a urinal and a water closet for males, was provided during the year, at Gibbet Street, near the St. John's Hospital.

## SECTION VI

### FOOD

#### (INSPECTION AND SUPERVISION)

From information supplied by Mr. A. W. PERRY,  
Chief Public Health Inspector

#### FOOD AND DRUGS ACT, 1955

##### Sampling of Food and Drugs

A total of 323 samples of Food and Drugs was obtained during the year and submitted to the Public Analyst for chemical examination.

These included 125 samples of milk, 35 samples of Ice Cream and 163 samples of food and drugs.

Samples of milk "not genuine" according to the Sale of Milk Regulations numbered 20 giving a percentage of 16.

All the 35 samples of ice cream were reported as satisfactory.

Of the 163 samples of other food and drugs, 34 (or 20.85%) were reported not genuine.

All samples of food are examined for preservatives in accordance with the Public Health (Preservatives, etc., in Food) Regulations.

Details of all samples will be found in the following table:—

TABLE 1

Nature of sample	No. of samples taken			No. not genuine		
	Formal	In-formal	Total	Formal	In-formal	Total
Milk .. .. .	105	5	110	16	—	16
Milk – Channel Islands* ..	14	—	14	4	—	4
Milk – Homogenised ..	—	1	1	—	—	—
Milk – Food .. .. .	—	1	1	—	—	—
Milk – Tinned .. .. .	—	1	1	—	—	—
Agarol .. .. .	—	1	1	—	—	—
Ale .. .. .	2	3	5	—	—	—
Almonds, Ground .. .. .	—	1	1	—	—	—
Aludrox .. .. .	—	1	1	—	—	—
Aspirin Tablets .. .. .	—	1	1	—	—	—
Beans:						
Baked Beans .. .. .	—	4	4	—	—	—
Baked Beans with Pork Sausage .. .. .	—	1	1	—	—	—
Green Beans, Tinned ..	—	1	1	—	1	1
Stringless Beans .. ..	—	1	1	—	1	1
Beer .. .. .	2	—	2	—	—	—
Blackcurrant Drink .. ..	—	1	1	—	—	—
Boric Ointment .. .. .	—	1	1	—	—	—
Bovril .. .. .	—	1	1	—	—	—
Bread (various) .. .. .	—	8	8	—	6	6
Butter .. .. .	—	4	4	—	—	—
Cheese, Dutch .. .. .	—	1	1	—	—	—
Chocolate Walnuts .. ..	—	1	1	—	1	1
Cod Liver Oil .. .. .	—	1	1	—	—	—
Codis Tablets .. .. .	—	1	1	—	—	—



Nature of Sample	No. of samples taken			No. not genuine		
	Formal	In-formal	Total	Formal	In-formal	Total
Confectionery:						
Bilberry Pie with Cream ..	—	1	1	—	1	1
Chocolate Bun .. ..	—	1	1	—	—	—
Chocolate Eclair .. ..	—	1	1	—	1	1
Portion of Cream Cake ..	—	1	1	—	1	1
Sponge Cake, Chocolate Split .. ..	—	1	1	—	1	1
Sponge Cake with Cream Filling .. ..	—	1	1	—	1	1
Cream:						
Dairy Cream .. ..	—	1	1	—	—	—
Double Cream .. ..	—	2	2	—	—	—
Sterilised Cream .. ..	—	1	1	—	—	—
Crystallised Fruits:						
Cut Mixed Peel .. ..	—	3	3	—	—	—
Glace Cherries .. ..	—	3	3	—	—	—
Dried Fruits:						
Currants .. ..	—	2	2	—	—	—
Raisins .. ..	—	1	1	—	—	—
Sultanas .. ..	—	2	2	—	—	—
Ferrodic Tablets .. ..	—	1	1	—	—	—
Fish and Chips .. ..	—	1	1	—	1	1
Flour:						
Plain Flour .. ..	—	2	2	—	—	—
Self Raising Flour .. ..	—	2	2	—	—	—
Grapefruit .. ..	—	1	1	—	—	—
Halibut Liver Oil Capsules ..	—	1	1	—	—	—
Ice Cream .. ..	—	35	35	—	—	—
Lemon Juice .. ..	—	1	1	—	—	—
Margarine .. ..	—	5	5	—	1	1
Mayonnaise .. ..	—	1	1	—	—	—
Meat and Meat Products:						
Corned Beef .. ..	—	1	1	—	1	1
Meat Pie .. ..	—	8	8	—	2	2
Meat Pie, Pork .. ..	—	1	1	—	1	1
Meat, Tinned .. ..	—	1	1	—	1	1
Meat, Minced .. ..	—	3	3	—	—	—
Sausages .. ..	—	4	4	—	1	1
Steak and Kidney Pie .. ..	—	1	1	—	1	1
Veal .. ..	—	1	1	—	1	1
Minadex Syrup .. ..	—	1	1	—	—	—
Molasses and Yeast Tablets ..	—	1	1	—	1	1
Olive Oil .. ..	—	1	1	—	—	—
Pears, Tinned .. ..	—	1	1	—	1	1
Pears, Frozen .. ..	—	2	2	—	2	2
Preserves:						
Blackcurrant Jam .. ..	—	1	1	—	—	—
Marmalade, Sugarless .. ..	—	1	1	—	—	—
Marmalade .. ..	—	2	2	—	—	—
Marmalade, Lemon .. ..	—	1	1	—	—	—
Mixed Fruit Jam .. ..	—	1	1	—	—	—
Raspberry Jam .. ..	—	1	1	—	—	—
Raspberry Jelly .. ..	—	1	1	—	—	—
Strawberry Jam .. ..	—	1	1	—	—	—
Puddings:						
Christmas Pudding .. ..	—	4	4	—	—	—
Milk Pudding (Sago) .. ..	—	1	1	—	—	—
Sago Pudding (Creamed) .. ..	—	1	1	—	—	—

Nature of sample	No. of samples taken			No. not genuine		
	Formal	In-formal	Total	Formal	In-formal	Total
Rice .. ..	—	1	1	—	1	1
Rice, Ground .. ..	—	1	1	—	—	—
Rose-Hip Syrup .. ..	—	1	1	—	—	—
Ryvita .. ..	—	1	1	—	1	1
Salad Cream .. ..	—	2	2	—	—	—
Sandwiches:						
Boiled Ham .. ..	—	1	1	—	1	1
Chopped Pork .. ..	—	1	1	—	1	1
Lettuce .. ..	—	1	1	—	1	1
Tongue .. ..	—	1	1	—	—	—
Soft Drinks .. ..	—	9	9	—	—	—
Spirits:						
Brandy .. ..	1	—	1	—	—	—
Rum .. ..	2	—	2	—	—	—
Whisky .. ..	4	—	4	—	—	—
Sucron .. ..	—	1	1	—	—	—
Sugar, Castor .. ..	—	4	4	—	1	1
Tea .. ..	—	3	3	—	—	—
Veganin Tablets .. ..	—	1	1	—	—	—
Vinegar, Malt .. ..	—	5	5	—	—	—
Vitavel Syrup .. ..	—	1	1	—	—	—
Weetabix .. ..	—	1	1	—	—	—
Yeast Tablets .. ..	—	3	3	—	—	—
Yoghourt .. ..	—	1	1	—	—	—
Zinc Ointment .. ..	—	1	1	—	—	—
TOTALS ..	130	193	323	20	34	54

\* Includes 5 Channel Islands Milk "Appeal to Cow" samples.

TABLE 2  
Monthly Average Composition of Milk Samples

Month	No. of Samples	Milk Fat per cent.	Non-fatty Solids per cent.	Channel Islands and South Devon Milk		
				No. of Samples	Milk Fat per cent.	Non-fatty Solids per cent.
January ..	—	—	—	—	—	—
February	10	3.51	8.52	—	—	—
March ..	6	3.76	8.60	4	4.76	8.89
April ..	6	3.63	8.45	9	4.01	8.53
May ..	12	3.32	8.44	—	—	—
June ..	9	3.83	9.14	1	4.20	9.51
July ..	15	3.12	8.98	—	—	—
August ..	10	3.69	8.96	—	—	—
September	12	3.79	8.91	—	—	—
October ..	17	3.54	8.98	—	—	—
November	14	3.79	8.52	—	—	—
December	—	—	—	—	—	—
Total ..	111			14		
Average for year 1963		3.60	8.75		4.32	8.98
„ „ „ 1962		3.67	8.84		4.74	9.23
„ „ „ 1961		3.73	8.84		4.91	9.30
„ „ „ 1960		3.80	8.90		5.34	9.14
„ „ „ 1959		3.72	8.68		4.85	9.10
„ „ „ 1958		3.73	8.69		5.21	9.32
„ „ „ 1957		3.81	8.74		5.13	9.40
„ „ „ 1956		3.67	8.58		—	—
„ „ „ 1955		3.67	8.79		—	—
„ „ „ 1954		3.89	8.71		—	—
„ „ „ 1953		3.68	8.78		—	—

The figures given in the third and fourth columns of the above table represent the average milk fat and non-fatty solids in the 111 chemical milk samples of Tuberculin Tested (Farm Produced), Tuberculin Tested (Pasteurised), and Pasteurised milk taken during the year. The presumptive standards are 3.0 per cent. and 8.5 per cent., respectively, as laid down by the Sale of Milk Regulations, 1939.

Similarly, the monthly average relative to the 14 samples of Channel Islands milk are given. The legal standard is 4.0 per cent. by weight of milk fat, as laid down in the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, with a presumptive standard of 8.5 per cent. of non-fatty solids.

## MILK AND DAIRIES

*Milk and Dairies (General) Regulations, 1959.*

*Milk (Special Designation) Regulations, 1963.*

## Milk Distribution

At the end of the year there were 350 registered distributors of milk (excluding dairy farmers) within the Borough, and there were 14 registered dairy premises.



Licences under the Milk (Special Designation) Regulations, 1963, were granted as follows:—

Dealer's (Pasteuriser's) Licence (Form C) .....	1
Dealer's (Tuberculin Tested) Licence (Form B) .....	1
Dealer's (Pre-packed Milk) Licence (Form E) author- ising the used of the special designation—	
(a) Tuberculin Tested .....	12
(b) Pasteurised .....	27
(c) Sterilised .....	22

Dealers (Pre-Packed Milk) Licences are now issued for a period of up to five years all expiring in 1965.

### Bacteriological Examination of Milk

During the year 53 samples of milk—as shown below—were submitted to bacteriological examination.

Designation	Samples taken	Satisfactory	Unsatisfactory
Pasteurised .. .. .	40	40	—
Pastuerised (Channel Islands) ..	—	—	—
T.T. (Pasteurised) .. .. .	11	11	—
Sterilised .. .. .	2	2	—
TOTAL .. .. .	53	53	—

### Biological Examination of Milk

Two samples of milk were submitted to biological examination by the Public Health Laboratory Service. Both of these samples were of milk produced outside the Borough. The samples were reported as negative.

### Brucella abortus

Particulars are given, in the following table, of the 8 samples submitted to the Public Health Laboratory Service for examination for *Brucella abortus*:—

Produced	No. of samples	Satisfactory	Positive on culture
In Borough .. .. .	5	5	—
Outside of Borough .. .. .	3	2	1
TOTAL .. .. .	8	7	1

The milk from the infected cows was isolated and steps were taken by the Local Authority concerned to ensure that the herd was free from infection.

### Manufacture and/or Sale of Ice Cream

*Food and Drugs Act, 1955, Section 16.*

*Ice Cream (Heat Treatment, etc.) Regulations, 1959.*

Ice cream, like milk, is a food which is easily contaminated, and there are Regulations which require the ice cream mix to be heated to a specific temperature for a given time. In other words, it has to be pasteurised so that harmful bacteria may be killed or be prevented from multiplying. The heated mix must then be cooled to a certain temperature, and during storage must be kept below regulation temperatures. Apart from these safeguards, it is necessary for a high standard of cleanliness to be maintained throughout the whole process, and experience has shown that this can only be achieved by systematic and regular cleansing of all machines, pipe-lines, valves, etc.

Apart from visual inspection and microscopical examination, it is possible to use the bacteriological examination of ice cream to indicate its cleanliness and purity.

During the year 77 inspections were made of 445 registered premises (all retailers).

A total of 50 samples was submitted to bacteriological examination by the Methylene blue reduction test, particulars of which are given in the following Table:—

Produced	No. of Samples	Grade 1 Highly Satisfactory	Grade 2 Satisfactory	Grade 3 Unsatisfactory	Grade 4 Very Unsatisfactory
In Borough	—	—	—	—	—
Outside of Borough	50	29 (58.00 %)	7 (14.00 %)	11 (22.00 %)	3 (6.00 %)
TOTAL	50	29 (58.00 %)	7 (14.00 %)	11 (22.00 %)	3 (6.00 %)

The unsatisfactory samples were taken from premises where there have been frequent changes in management. Advice has been given and check samples are being taken monthly.

I am pleased to be able to report that all mobile vans selling ice cream in this Borough are so constructed as to comply with the Bye-Laws made under Section 15 of the Food and Drugs Act, 1955, and the Food Hygiene Regulations, 1960, being equipped with means for providing hot water and washing of hands. Soap and towels are provided and, in addition, sterilising agents are available for the treatment of the servers. Sixteen vans, etc., were inspected by the department, prior to the granting of Street Traders' Licences by the Market Department.

### **Preparation or Manufacture of Sausages, etc.**

*Food and Drugs Act, 1955. Section 16.*

At the end of the year there were 63 premises registered for the preparation or manufacture of sausages, potted, pressed, pickled or preserved foods.

## **Fried Fish Shops**

During the year 32 inspections were made of 67 premises. Improvements were effected in 6 cases.

## **Bakehouses**

The number of bakehouses on the register at the end of the year was 35.

There were 70 inspections made, and improvements were effected in 7 cases.

There is only one basement bakehouse now in use in the town, and a Certificate of Suitability—under the provisions of Section 70 of the Factories Act, 1961—is in operation. This property is in a Clearance Area, inspection of which was proceeding at the end of the year.

## **Food Hygiene**

The Food Hygiene (General) Regulations, 1960, lay down requirements in respect of:—

- (i) the cleanliness of premises, ships, stalls, vehicles, etc., used for the purposes of the food business and of apparatus and equipment used for those purposes;
- (ii) the hygienic handling of food;
- (iii) the cleanliness of persons engaged in the handling of food and of their clothing, and the action to be taken where they suffer from or are the carriers of certain infections liable to cause food poisoning;
- (iv) the construction of premises and ships used for the purposes of a food business and the repair and maintenance of such premises and ships and of stalls, vehicles, etc.;
- (v) sanitary conveniences and the provision of a water supply and washing facilities.
- (vi) the temperatures at which certain foods which are particularly liable to transmit disease are to be kept on catering premises.

During the year 67 mobile food shops and vans (including ice cream vans already remarked upon) have been inspected prior to a licence being issued by the Markets Department. I am pleased to report that the owners of these mobile shops have co-operated wholeheartedly in attaining a high standard. The majority of mobile shops selling food in the Borough have washing equipment, soap, towels and supply of hot water (where open food is sold for immediate consumption) as required by the Food Hygiene Regulations.



There are 1,010 food shops in the Borough. The number and type of business is set out below:—

Grocers	.....	.....	.....	.....	344
Butchers	.....	.....	.....	.....	122
Fish and Fruit	.....	.....	.....	.....	118
Mixed	.....	.....	.....	.....	136
Sweets	.....	.....	.....	.....	52
Snack Bars	.....	.....	.....	.....	40
Cooked Meats	.....	.....	.....	.....	11
Fish Friers	.....	.....	.....	.....	66
Chemists	.....	.....	.....	.....	40
Confectioners	.....	.....	.....	.....	81

and visits to food premises, including any necessary re-visits, numbered 734.

TABLE 3

**Administrative action taken in respect of samples reported by the  
Public Analyst to be not genuine or otherwise irregular**

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
1	Fish & Chips containing a piece of ash	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a piece of ash composed of a mixture of fish tissues, carbonised starch and fat, and though objectionable was not poisonous. He considered the sample to be unsatisfactory if it were established that the ash was in the sample when purchased. The Chief Public Health Inspector sent a letter of warning to the retailer.
2	Peas (Frozen) containing a beetle	Informal sample submitted for analysis following complaint that the peas contained a beetle. The Public Analyst reported that the beetle was of the Carabus family, commonly known as the Ground or Field Beetle and if it was established that the beetle was in the pack before opening he considered the sample to be unsatisfactory. The Chief Public Health Inspector sent a letter of warning to the packers.
13	Chocolate Walnuts containing a steel nut	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a steel nut covered with chocolate and if it was established that the nut was in the sample when purchased he considered the sample was unsatisfactory. The matter was reported to the Health Committee on the 11th March, 1963, when the Town Clerk was authorised to send a letter of warning to the manufacturer.
29	Molasses and Brewers Yeast Tablets with irregular label	A routine informal sample was submitted for analysis. The Public Analyst reported that the sample was satisfactory as regards composition and vitamin content but the list of ingredients mentions "Yeast B.P.C.", whereas the proper designation should be "Dried Yeast B.P.C.". He classified the sample as irregular in so far as its label did not give the official synonym for Dried Yeast as set out in the British Pharmaceutical Codex. The Chief Public Health Inspector drew the attention of the manufacturer to the irregularity and was assured that new labels would be printed.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
44	Veal, stained green	Informal sample submitted for analysis following complaint. This sample was marked with green stains and was thought to be due either to copper or a green dye. The Public Analyst reported that the stain was caused by copper and that the sample was unsatisfactory. On investigation it was found that the meat had been hung underneath some copper pipes. The attention of the Department concerned has been drawn to this matter.
46	Margarine with rancid taste	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had been submitted because of a peculiar taste and was found to be slightly rancid. The attention of the retailer was drawn to this matter and all remaining stocks were surrendered for destruction.
58	Chopped Pork Sandwiches, contaminated with urine	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sandwiches smelled strongly of cat urine and were unfit for human consumption. It has not been possible to determine when the sandwiches were contaminated and no further action is proposed.
59	Portion of Brown Loaf containing fibres	Informal sample submitted for analysis following complaint. The Public Analyst reported that this sample contained foreign bodies, namely fibres such as are used in brushes, also a trace of stained lubricant and he regarded the sample as unsatisfactory. A letter of warning was sent by the Chief Public Health Inspector to the manufacturer.
60	Boiled Ham Sandwich containing a piece of sacking	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sandwich contained a foreign body, namely a piece of coarse sacking and if it was established that this was in the sandwich when sold he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.



TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
80 82 89 91	Milk not of the required standard	Formal samples were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that of the four samples taken, two samples were 8.5 per cent and 8.25 per cent respectively deficient in fat. "Appeal to Cow" samples were obtained and two of these samples were found to be 10.5 per cent and 6.25 per cent deficient in fat. It was found that not all the animals in the herd were Jersey cows although the milk was designated as "Channel Islands". The matter was reported to the Health Committee on the 6th May, 1963, when the Town Clerk was authorised to send a letter of warning to the producer. The facts were also reported to the Milk Production Officer of the Ministry of Agriculture, Fisheries and Food. The producer is no longer designating the milk as "Channel Islands".
94	Meat Pie with fruity smell	Informal sample submitted for analysis following complaint. The Public Analyst reported that the pie had a strong, fruity smell, but that the pie was not bad, out of condition, or affected by bacteria, and in his opinion was unsatisfactory, because it was tainted with the fruity odour. The Chief Public Health Inspector sent a letter of warning to the manufacturer.
95	Frozen Peas containing caterpillar	Informal sample submitted for analysis following complaint. The Public Analyst reported the sample contained a foreign object, namely, a caterpillar, and he considered the sample to be unsatisfactory if it was established that the caterpillar was in the peas prior to sale. This matter was reported to the Health Committee on the 10th June, 1963, when the Town Clerk was instructed to send a warning letter to the Packers.
96	Bilberry Pie with Cream, containing safety pin	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a safety pin and if it was established that the safety pin was in the pie at the time of sale, he considered that the sample was unsatisfactory. This matter was reported to the Health Committee on the 10th June, 1963, when the Town Clerk was authorised to send a letter of warning to the retailer.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
97 98	Milk – extraneous water	Formal samples were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that the samples contained 13.7 per cent and 12.2 per cent extraneous water respectively. "Appeal to Cow" samples were obtained by the West Riding County Council and the Public Analyst reported that they were genuine. The matter was reported to the Health Committee on the 10th June, 1963, who authorised the Town Clerk to institute legal proceedings. The case was heard on the 12th June, 1963. The defendant pleaded "Not Guilty" but changed his plea to "Guilty," after hearing the evidence of the Public Analyst. He was fined £20 on each of the two offences and was ordered to pay £16 15s. 3d. costs.
99	Rice containing pieces of clay	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign bodies, namely, pieces of clay and he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the seller to the matter.
110	Portion of Cream Cake containing piece of string	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a piece of string, and that he was of the opinion that the sample was irregular. The Chief Public Health Inspector drew the attention of the Baker to the matter.
113 115	Milk	Six formal samples were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that two of the samples were 7.0 per cent and 4.6 per cent respectively deficient in fat. It was found that the average fat content of the six samples when bulked together was 3.2 per cent. No further action taken.
121	Tinned Meat containing a portion of mucous membrane	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a portion of the lining of the cheek of a bullock or cow and which should have been excluded in the trimming. He considered the sample to be irregular. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
122	Half Teacake containing a Flour Moth	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely, a flour or mill moth and he regarded the sample as unsatisfactory. The Chief Public Health Inspector sent a letter of warning to the manufacturer.
123	Portion of Teacake stained with iron and oil	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained stains of iron and oil and that he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
130	Meat Pie with unpleasant taste	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was unsatisfactory in that it had an unpleasant taste and smell, but he was unable to find the cause of complaint. The attention of the seller was drawn to the matter.
147 148 149 150 151 152 154 155 156	Milk not of the required standard	Formal samples were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that of eleven samples taken, nine were deficient in fat in percentages varying from 3.3 to 17.6 per cent. "Appeal to Cow" samples were obtained by the West Riding County Council and the Public Analyst reported that the fat deficiencies were almost comparable with the samples first submitted, and that, in his opinion, the deficiencies were due to natural causes. The facts were reported to the Milk Production Officer of the Ministry of Agriculture, Fisheries and Food.
159	Steak and Kidney Pie with a peculiar taste	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had a peculiar taste but that it was not infected by moulds, nor was it affected by a multiplication of bacteria. He regarded the sample as unsatisfactory on account of its taint. The Chief Public Health Inspector drew the attention of the seller to the matter.



TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
165	Tinned Green Peas containing part of root system and filaments	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a suspicious looking object which on examination proved to be part of a root system of a plant with filaments attached. Although the object was harmless he considered the sample to be irregular. The attention of the suppliers has been drawn to the matter.
179	Tinned Pears containing a cricket	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely, a cricket, and that he regarded the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the importer to the matter.
204	Sponge Cake with Cream Filling affected with mould	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample consisted of a cream filled sponge cake which was mouldy and in his opinion the sample was unsatisfactory. On investigation it was found that stock rotation had been interfered with by the public. The Chief Public Health Inspector sent a warning letter to the seller.
215	Corned Beef containing pieces of skin and hair	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained pieces of skin and hair, apparently from a cow or bullock. Having found these foreign objects he was of the opinion that the sample was irregular. The Chief Public Health Inspector drew the attention of the importer to the matter.
223 226 228	Milk	Eight formal samples were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that three of the samples were 20.6 per cent, 7.3 per cent and 15.6 per cent respectively deficient in fat. It was found that the average fat content of the eight samples when bulked together was 3.09 per cent. No further action was taken.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
231	Brown Bread containing part of a beetle	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained part of a small beetle, and if it was established that the beetle was in the loaf when sold he was of the opinion that the sample was unsatisfactory. No evidence could be established that the beetle was in the loaf when baked and no further action was taken.
241	Chocolate Eclair affected with mould	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and in his opinion it had been kept too long or under unsuitable conditions and was unfit for human consumption. The matter was reported to the Health Committee on the 26th November, 1963, when the Town Clerk was authorised to send a letter of warning to the retailer.
247	Ryvita containing flake of plastic	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a $\frac{3}{4}$ " long flake of plastic and if it was established that the flake of plastic was in the sample when sold he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.
248	Sliced White Loaf containing a piece of clay	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely, a piece of clay or similar silicious matter and he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.
267	Stringless Green Beans with acid flavour	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was not rancid but that it had a peculiar acid flavour. He classified the sample as substandard but he had no indication that the sample was unwholesome. The Chief Public Health Inspector drew the attention of the importer to this matter.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
268	Caster Sugar containing salt	Informal sample submitted for analysis following a complaint by a cookery instructress of a local school. The Public Analyst reported that the sample was not genuine sugar but a mixture of sugar and salt. On investigation it was found that salt had been inadvertently mixed with a packet of sugar in the school. No further action taken.
282	Sponge Cake/ Chocolate Split containing rodent droppings	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained rodent droppings, probably from a mouse and if it was established that the rodent droppings were in the cake when sold he was of the opinion that the sample was unsatisfactory and unfit for human consumption. The matter was reported to the Health Committee on the 7th January, 1964, when the Town Clerk was authorised to institute legal proceedings against the baker. The case was heard on the 18th March, 1964 and the case was found proved. The defendants were fined £25 and ordered to pay costs of £5 7s. 0d.
293	Pork Pie containing a flake of zinc	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely, a hard flake of zinc with a trace of iron and aluminium and that he considered the sample to be unsatisfactory. The matter was reported to the Health Committee on the 7th January, 1964, when the Town Clerk was authorised to institute legal proceedings against the manufacturers. The case was heard on the 18th March, 1964, when a plea of "guilty" was made. The case was found proved and the defendants were fined £10 and were ordered to pay costs of £3 5s. 0d.
294	White Loaf stained with carbon particles	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a quantity of clear colourless oil, stained by a deposit of fine carbon particles, probably from dough handling equipment and he considered that the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.



TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
308	Lettuce Sandwich containing worm	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample consisted of part of a sandwich made with buttered brown bread and containing lettuce and tomato. With the sandwich was an earth-worm. If the worm was originally in the sandwich he considered the sample to be unsatisfactory and unfit for human consumption. The matter was reported to the Health Committee on the 7th January, 1964, when the Town Clerk was authorised to institute legal proceedings against the retailer. The case was heard on the 18th March, 1964, when a plea of "guilty" was made. The case was found proved and the defendants were fined £50 and were ordered to pay costs of £3 5s. 0d.

### Meat and Food Inspection

Since October 1st the Meat Regulations, 1963, have been in force. These require the inspection of all meat in accordance with a defined routine at the time of slaughter, and made compulsory a code of judgment which previously was adoptive. This has meant an increase in meat inspection work, to cope with which, one additional full-time and one part-time inspectors were appointed. In order to ensure that all inspections are carried out at the time of slaughter it is now necessary for inspectors to be on duty at 6-0 a.m. each morning, working some days until 7-0 p.m.

The lack of inspection of poultry causes some concern, but will be much more difficult to organise as there are no central dressing points. The onus of supplying wholesome food (including poultry) still rests on the retailer. Although sales have increased rapidly in the past few years, very few complaints are received about the quality or condition of poultry sold.

It was noticed that the incidence of liver fluke infestations remained high as did that of liver abscesses in barley fed cattle. This class of cattle gained in popularity during the year, and although some may complain that the meat is lacking in flavour compared with the traditionally fed "roast beef of Old England", there is no doubt that the lean, small tender joints produced are what many people want.

The carcase of a cow affected with Blackleg was condemned; also one effected with generalised actinomycosis: both unusual incidents. During the cold weather of January and February a number of animals were admitted to the abattoir in a moribund condition due to exposure. The carcasses of three cows held up in the snow on a journey from Carlisle and almost dead on

arrival, had to be condemned, as were numerous sheep. The frost also caused considerable damage to bananas, one consignment alone of nearly a ton being condemned.

A consignment of frozen lamb loins (4,700 lbs.) was condemned as a result of mould damage, probably due to a breakdown in ship refrigeration plant.

Throughout the year numerous specimens were sent for examination to the Pathological Laboratory at the Royal Halifax Infirmary and, once again, sincere thanks are extended to Dr. Garson and his staff for their continued courtesy and co-operation.

**Exchequer Grant Towards Meat Inspection**

To assist those local authorities on which the cost of inspecting meat imposes an unduly heavy burden because much of the meat inspected is not for local consumption, the Ministry of Agriculture, Fisheries and Food instituted a grant system in 1957.

For this purpose, the total slaughterings have been converted to “inspection units”, which take account of the different times needed for inspection. One cattle beast has been regarded as ten units, one calf or one pig as three units and one sheep as two units. A “per capita” figure (1.5) multiplied by the population of any local authority area, is the datum figure for that authority, i.e., the minimum number of inspection units the authority should be prepared to inspect at its own expense.

The number of inspection units for the financial year 1962-63 was 254,483, and the sum of £458 15s. 8d. was claimed.

**Carcases Inspected and Condemned**

The following table shows the number of animals slaughtered during the year and the number condemned:—

	Public Abattoir					
	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Hors
Number killed .. .. .	5,687	7,301	850	39,790	11,969	—
Number inspected .. .. .	5,687	7,301	850	39,790	11,969	—
ALL DISEASES EXCEPT T.B. & CYSTICERCI						
Whole carcasses condemned .. .. .	3	20	3	34	25	—
Carcasses of which some part or organ was con- demned .. .. .	703	1,368	—	2,056	519	—
Percentage of the number inspected with disease other than T.B. and cysticerci .. .. .	12.40	19.01	0.35	5.25	4.55	—
TUBERCULOSIS ONLY						
Whole carcasses condemned .. .. .	—	—	—	—	—	—
Carcasses of which some part or organ was con- demned .. .. .	—	17	—	—	6	—
Percentage of the number inspected affected with Tuberculosis .. .. .	—	0.23	—	—	0.05	—
CYSTICERCOSIS						
Carcasses of which some part or organ was con- demned .. .. .	8	10	—	—	—	—
Carcasses submitted to treatment by refrigeration ..	—	—	—	—	—	—
Generalised and totally condemned .. .. .	—	—	—	—	—	—

The following table shows the total approximate weight of meat and offals, destroyed on account of tuberculosis, and from other causes:—

Total amount of Meat destroyed	..	..	..	..	..	..	..	lbs. 16,253
Total amount of Offals destroyed	..	..	..	..	..	..	..	39,227
Total amount of Meat destroyed on account of Tuberculosis	..	..	..	..	..	..	..	60
Total amount of Offals destroyed on account of Tuberculosis	..	..	..	..	..	..	..	390
Total amount of Meat destroyed from other causes	..	..	..	..	..	..	..	16,193
Total amount of Offals destroyed from other causes	..	..	..	..	..	..	..	38,837
Total Meat and Offals destroyed	..	..	..	..	..	..	..	55,480

## Food Inspection

The following Table shows the amount of foods condemned:—

Food Condemned							Quantity in lbs.
23 Carcases of Beef	..	..	..	..	..	..	9,620
Beef not in carcase ..	..	..	..	..	..	..	1,425
3 Carcases of Veal ..	..	..	..	..	..	..	70
34 Carcases of Mutton	..	..	..	..	..	..	1,452
25 Carcases of Pork	..	..	..	..	..	..	2,870
Pork not in carcase..	..	..	..	..	..	..	816
Offals ..	..	..	..	..	..	..	39,227
Bacon and Ham ..	..	..	..	..	..	..	111
Canned Foods ..	..	..	..	..	..	..	4,524
Egg, Frozen ..	..	..	..	..	..	..	—
Fish ..	..	..	..	..	..	..	479
Fruit ..	..	..	..	..	..	..	3,052
Imported Meat and Offals..	..	..	..	..	..	..	4,764
Vegetables ..	..	..	..	..	..	..	546
Other Foods ..	..	..	..	..	..	..	58
Total Weight	..	..	..	..	..	..	69,014

## Disposal of Condemned Food

Diseased carcase meat and offal are disposed of to a firm at Thornton, where it is sterilised before manufacture into fertiliser. The plant is subject to inspection by the public health inspector of the district, whose report is satisfactory. The condemned meat is transported in vehicles complying with the Meat (Staining and Sterilization) Regulations, 1960.

All other condemned food is disposed of by controlled tipping on the Corporation tips.



## PROSECUTIONS DURING 1963

Date of Hearing	Act	Offence	Penalty
30/1/63	Clean Air Act, 1956	Emitting dark smoke from a chimney contrary to the Act.	Defendants fined £2
20/3/63	Food & Drugs Act, 1955. Food Standards (Preserves) Order, 1953	Selling lemon curd which was not of the standard required.	Defendants fined ; with £3 5s. 0d. costs
12/6/63	Food & Drugs Act, 1955, Section 32 (3)	Offering for sale milk to which water had been added	Defendants fined in each of two ca. with £16 15s. 3d. co
11/9/63	Housing Act, 1957	Occupation of unfit house after operation of closing order	Defendant fined £1
11/9/63	Food Hygiene (General) Regulations, 1960	Failure to provide washing facilities contrary to the Regulations	Defendant fined £5
20/11/63	Public Health Act, 1936, Section 94	Failure to abate a nuisance	Abatement Order granted

## SECTION VII

### CLEAN AIR AND CLIMATE

#### Smoke Control Areas

Information supplied by Mr. A. W. PERRY,  
Chief Public Health Inspector

##### No. 1 (Central) Area

There has been a further decrease in the amount of smoke recorded in the area. The volumetric gauge situate in the Health Department shows that for the months of January, February and March, 1963, there was a reduction of 54% in smoke as compared with the same period in 1959, prior to smoke control.

This further reduction is an indication of the increasing benefit to the Town Centre of the extension of smoke control areas in the surrounding districts.

There have been no further claims for grant towards the cost of adaptations to fireplaces within this area received during the year. The total amount previously repaid is £1,092 15s. 8d.

##### No. 2 (Mixenden) Area

The volumetric gauge situate in Ash Tree School showed that for the months of January, February and March, 1963, there was an average daily reduction of 42% as compared with the same period before smoke control.

A sum of £46 6s. 8d. was repaid to applicants in respect of adaptations to fireplaces within the area. The total amount so far repaid is £4,630 5s. 3d.

##### No. 3 (Norton Tower) Area

The first of the proposed new housing estates within this area, comprising 28 bungalows, is nearing completion. Each dwelling is fitted with smokeless appliances in accordance with Building Byelaws and will be smoke controlled from the outset.

##### No. 4 (Savile Park and Skircoat) Area

The volumetric gauge situate in Heath Grammar School showed that for the months of October, November and December, 1963, there was a reduction of 60% in the amount of smoke pollution as compared with the same period in 1961 prior to Smoke Control.

A sum of £3,729 7s. 9d. was repaid to applicants for grant in this area. The total amount so far repaid being £18,194 3s. 6d.

##### No. 5 (Wheatley Valley) Area

A sum of £38 9s. 4d. was repaid to applicants and up to the year end the total amount repaid in respect of adaptations to fireplaces in this area was £1,457 8s. 0d.

#### **No. 6 (Salterhebble and Scarr Bottom) Area**

The Halifax No. 6 (Salterhebble and Scarr Bottom) Smoke Control Order became operative on the 1st July, 1963.

A sum of £11,165 2s. 6d. was repaid during the year to applicants for grant towards the cost incurred in carrying out fireplace adaptations within this area.

#### **No. 7 (Illingworth and Cousin Lane West) Area**

The Minister of Housing and Local Government confirmed the Halifax No. 7 Smoke Control Order with slight modification. As a result of this modification the Order became operative on the 1st December, 1963, instead of the 1st November as had been originally intended.

The total amount of grant repaid during the year in respect of this area was £627 17s. 6d.

#### **No. 8 (Cousin Lane East) Area**

This area is bounded by Keighley Road on the north east, by the north west boundary wall of the railway cutting and the southernmost boundary fences of the houses in Forest Avenue on the south east, and by Cousin Lane on the west.

In the area are 384 premises including 381 dwellings, 344 of which are local authority owned, 2 commercial premises, and one convent.

A detailed survey of the premises in the area was undertaken.

#### **No. 9 (Pye Nest and Rochdale Road) Area**

This area is bounded by Burnley Road on the north east, Rochdale Road, Darcey Hey Lane and Washer Lane on the south east, and by the Borough Boundary on the south west.

In the area are 1,075 premises including 1,036 dwellings, of which 213 are local authority owned, 21 commercial premises, 4 industrial premises and 15 other buildings.

A detailed survey of this area was also undertaken.

#### **No. 10 (Illingworth—Riley Lane West) Area**

This area is bounded by Riley Lane on the north east, Moorbottom Road and the footpath leading from Moorbottom Road to School Lane on the south, and School Lane on the west.

There are five houses and one public house only, in the area at the present time but future development will provide for 54 bungalows, 132 semi-detached houses, 4 flats, and 4 shops.

The existing premises in the area were surveyed.

The new buildings, when completed, will be smoke-controlled from the outset at no cost to the local authority or to the Exchequer.

### **General**

#### **Industrial Smoke**

The number of smoke observations made during the year was 779. Visits to works—some in connection with smoke



emissions—numbered 69 and industrial boiler plants were improved to reduce smoke emissions in 13 cases.

There were 7 applications to the Council requesting prior approval of new furnaces, and, in each case, approval was granted.

Six plans showing the proposed construction of new chimneys were examined. In three cases it was found necessary to request an increase in the height of the chimney as shown on plan.

Proceedings were instituted against the occupiers of a mill for emitting dark smoke from the boiler chimney contrary to Section 1 (1) of the Clean Air Act, 1956. The case was found proved and the Company was fined £20 0s. 0d.

### **Halifax Power Station**

The work involved in converting the boiler at the Halifax Power Station from coal to oil firing was completed towards the end of the year and the station is now turning out its full output without producing any noticeable chimney emissions. The sulphur emissions are also small since only a light oil is used with only 0.5% sulphur content. Thus a smoke nuisance of many years' standing has now been abated.

### **The Investigation of Atmospheric Pollution**

1,423 visits have been made by members of the Health Department staff to the atmospheric pollution gauges in the Borough.

The recording of smoke pollution at Mixenden was discontinued in September. The volumetric gauge was removed and will be set up in a Proposed Smoke Control Area.

Thanks are again due to Mr. Marsh of Ash Tree School, who has taken daily readings at Mixenden for the past four years, and to the masters and pupils of Heath Grammar School who continue to assist the Health Department with this work.

TABLE 1

DEPOSITED ATMOSPHERIC POLLUTION, 1963

(Tons per square mile)

Month	AKROYD PARK (½ mile North)				BELLE VUE PARK (½ mile West)				INFIRMARY (½ mile South)				WEST VIEW PARK (1½ miles West)			
	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids
January	1.10	5.96	7.20	13.16	0.99	9.21	9.12	18.33	0.35	3.52	4.97	8.49	0.95	10.40	8.99	19.39
February	0.59	5.95	3.53	9.48	0.43	7.62	1.83	9.45	0.20	4.61	2.57	7.18	0.59	5.52	3.48	9.00
March	*	*	*	*	3.23	8.65	7.87	16.52	2.48	5.88	5.19	11.07	3.07	7.20	5.63	12.83
April	2.44	11.86	5.92	17.78	2.52	7.71	6.58	14.29	2.33	7.87	5.65	13.52	2.56	8.28	8.51	16.79
May	1.26	9.28	5.03	14.31	1.46	6.53	4.29	10.82	1.42	4.85	3.72	8.57	1.50	8.56	6.58	15.14
June	*	*	*	*	3.74	7.07	7.49	14.56	3.59	5.72	7.83	13.55	3.82	6.55	7.12	13.67
July	2.25	5.48	5.07	10.55	2.48	3.97	5.02	8.99	2.17	5.24	4.90	10.14	2.72	4.72	5.29	10.01
August	2.40	8.23	5.47	13.70	2.99	4.57	4.78	9.35	2.99	3.73	5.36	9.09	3.47	4.59	11.62	16.21
September	2.68	6.02	8.34	14.36	3.15	4.29	6.62	10.91	2.92	3.80	4.71	8.51	3.23	4.70	6.35	11.05
October	2.64	9.25	7.68	18.93	2.60	4.04	4.34	8.38	0.87	3.40	2.62	6.02	2.64	3.81	4.31	8.12
November	4.89	7.17	9.60	16.77	5.71	5.03	11.21	16.24	5.21	3.82	10.53	14.35	5.48	2.82	9.07	11.89
December	0.99	4.84	3.10	7.94	1.18	6.20	3.26	9.46	1.14	4.54	3.29	7.83	1.22	6.63	4.24	10.87
Aggregate	21.24	74.04	60.94	134.98	30.48	74.89	72.41	147.30	25.67	56.98	61.34	118.32	31.25	73.78	81.19	154.97
Averages	2.12	7.40	6.09	13.49	2.54	6.24	6.03	12.27	2.14	4.75	5.11	9.86	2.60	6.15	6.77	12.92

\* Records spoilt by unlawful interference with gauge

Monthly Average for Borough:—	Insoluble Solids	.....	6.13 tons per square mile
	Soluble Solids	.....	6.00       "       "
	Total Solids	.....	12.13       "       "
	Rainfall in inches	.....	2.35       "       "
Total Annual Deposit for Whole Borough: 138.89 tons per square mile			

**Total Annual Deposit for the whole Borough for  
the past ten years**

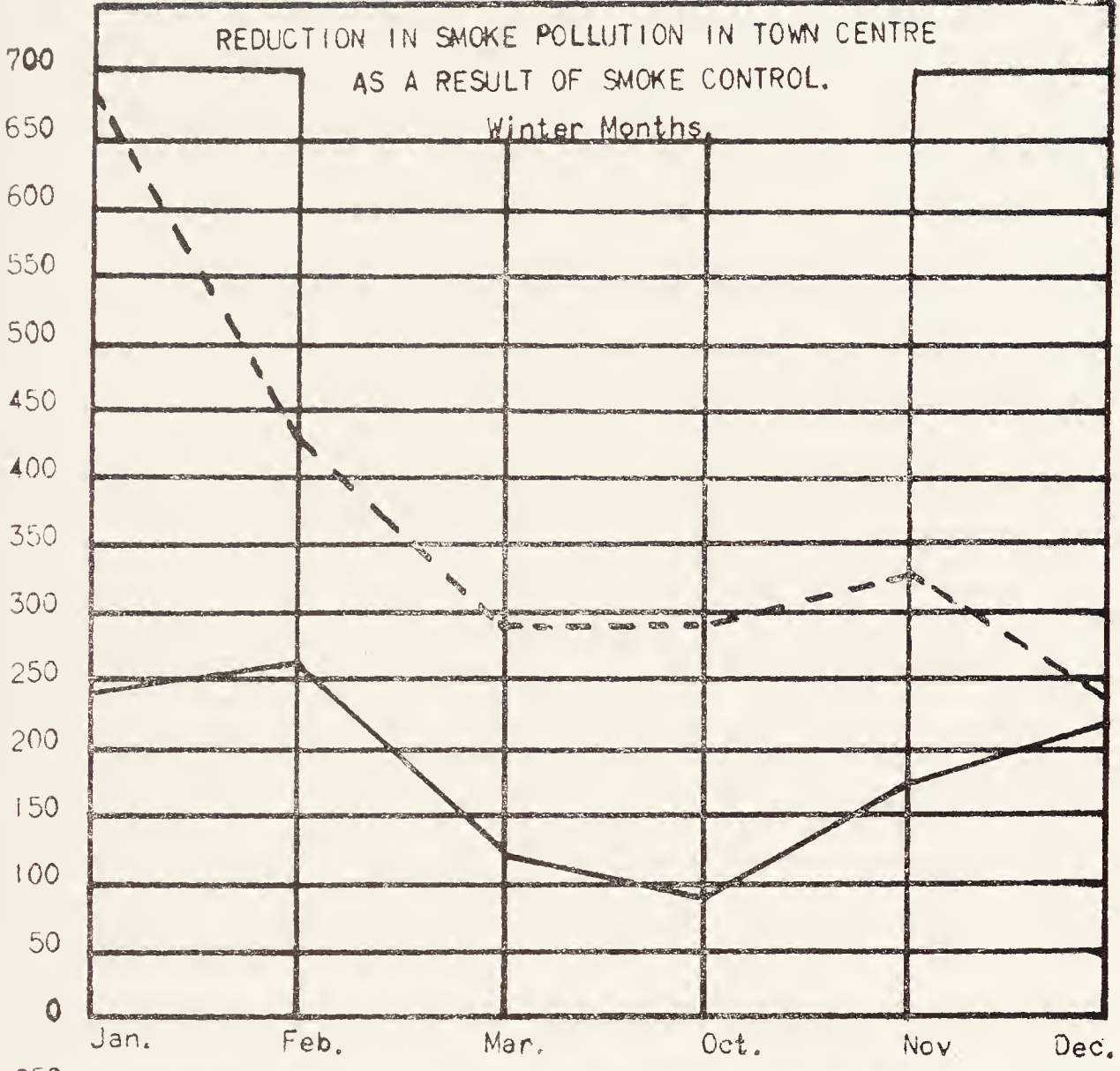
				(tons per square mile)
1963	.....	.....	.....	138.89
1962	.....	.....	.....	154.80
1961	.....	.....	.....	174.00
1960	.....	.....	.....	172.28
1959	.....	.....	.....	159.84
1958	.....	.....	.....	166.16
1957	.....	.....	.....	150.00
1956	.....	.....	.....	172.08
1955	.....	.....	.....	159.36
1954	.....	.....	.....	186.59



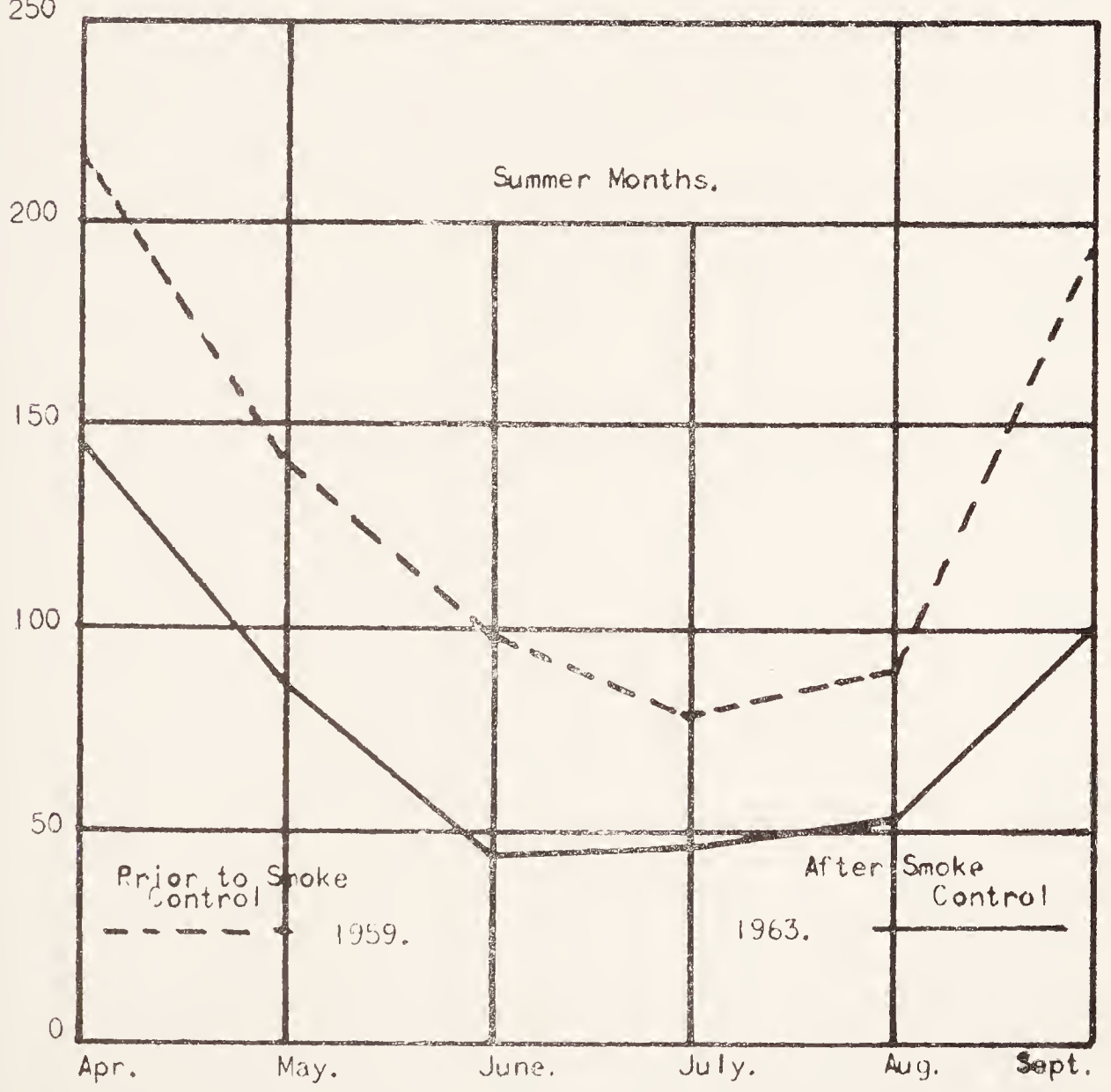
TABLE 2  
SULPHUR POLLUTION—LEAD PEROXIDE METHOD, 1963

STATION	MILLIGRAMS OF SO <sub>2</sub> PER 100 SQUARE CENTIMETRES – DAILY AVERAGES												
	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total Daily
WEST VIEW PARK ..	4.59	4.24	2.73	2.17	1.09	1.07	1.05	0.86	1.05	1.83	2.45	3.65	2.23
BEACON HILL ..	3.64	4.01	3.65	2.71	2.65	1.58	1.61	1.79	2.24	3.67	4.04	3.61	2.93
TOTAL DAILY AVERAGES	4.11	4.12	3.19	2.44	1.87	1.32	1.33	1.32	1.64	2.75	3.24	3.63	2.58

Microgrammes per Cubic Metre.



Microgrammes per Cubic Metre.







General Summary of Meteorological Observations taken at the Central Public Library, Belle Vue, Halifax, from January 1st to December 31st, 1963.

Prepared by Mr. F. C. Pritchard, F.L.A., Chief Librarian.

Latitude of Station: 53° 43' N.

Longitude: 1° 52' W.

Altitude 625 feet (Barometer 632 feet)

1963  MONTH	Barometer		Air Temperatures										Mean Temperature				Relative Humidity	Vapour Pressure	Mean reading of Thermometers						Wind										Mean Amount of Cloud	Rainfall					
	Mean at 32°F. and sea level	Range	Maximum	Minimum	Range	Mean				Air	Dew Point		Maximum in sun's rays	Minimum on grass	Earth 4 feet down	Est. Strength			Relative Proportion								No. of Raindays	Amount collected													
						Range	Maxima	Minima	Range										North	North East	East	South East	South	South West	West	North West			Calms												
January ..	30.314	ins.	1.413	41.2	5.1	10.0	-12.2	31.2	17.3	33.4	0.8	26.0	-3.3	7.4	4.1	29.7	-1.3	29	-1.7	91	5.3	58.8	14.9	25.2	-3.8	39	3.9	3	1	15	13	3	0	0	1	10	2	5	14	ins.	1.77
February ..	29.907	1.208	40.1	4.5	15.9	-8.9	24.2	13.4	34.0	1.1	25.6	-3.6	8.4	4.7	29.8	-1.2	29	-1.7	88	5.2	76.8	24.9	25.4	-3.7	38	3.3	2	2	10	1	19	2	1	1	4	3	6	9	.51		
March ..	29.727	1.571	54.2	12.3	19.0	-7.2	35.2	19.5	46.5	8.1	36.4	2.4	10.1	5.7	41.4	5.2	36	2.2	79	7.1	92.0	33.3	33.3	0.7	38	3.3	3	0	10	4	7	1	18	2	3	1	6	21	3.11		
April ..	29.892	1.288	61.0	16.1	32.7	0.4	28.3	15.7	50.1	10.1	39.0	3.9	11.1	6.2	44.5	6.9	39	3.9	76	8.0	89.1	31.7	36.6	2.6	42	5.6	3	2	9	1	8	0	10	3	13	0	6	20	2.55		
May ..	29.968	1.013	73.1	22.8	37.6	3.1	35.5	19.7	56.2	13.4	42.8	6.0	13.4	7.4	49.5	9.7	40	4.4	67	8.5	102.4	39.1	39.9	4.4	46	7.8	4	0	7	4	1	0	17	2	15	0	6	21	1.47		
June ..	29.839	1.080	75.0	23.9	44.0	6.7	31.0	17.2	64.2	17.9	50.4	10.2	13.8	7.7	57.3	14.1	49	9.4	70	11.8	109.6	43.1	46.9	8.3	52	11.1	3	0	10	7	7	0	9	3	8	1	6	18	3.71		
July ..	30.029	0.863	78.1	25.6	43.9	6.6	34.2	19.0	65.2	18.4	50.1	10.1	15.1	8.3	57.6	14.2	50	10.0	71	12.4	109.3	42.9	45.6	7.6	54	12.2	3	3	1	0	12	0	9	1	18	0	6	19	2.59		
August ..	29.743	0.626	72.6	22.6	43.6	6.4	29.0	16.2	61.7	16.5	50.2	10.1	11.5	6.4	55.9	13.3	49	9.4	76	11.9	103.4	39.7	45.5	7.5	55	12.8	4	1	2	1	11	0	7	5	20	2	6	20	3.06		
September ..	30.008	0.875	74.8	23.8	38.4	3.6	36.4	20.2	60.1	15.6	47.5	8.6	12.6	7.0	53.8	12.1	47	8.3	75	10.9	103.4	39.7	41.9	5.5	54	12.2	4	0	4	1	7	1	12	1	17	3	5	16	3.07		
October ..	29.995	1.115	64.1	17.8	38.1	3.4	26.0	14.4	56.0	13.3	45.7	7.6	10.3	5.7	50.8	10.4	46	7.8	81	10.5	87.5	30.8	40.4	4.7	51	10.6	3	0	0	2	4	2	20	4	15	2	6	15	2.59		
November ..	29.478	1.300	55.0	12.8	27.8	-2.3	27.2	15.1	48.8	9.3	41.1	5.1	7.7	4.2	44.9	7.2	41	5.0	87	8.7	70.4	21.3	36.2	2.3	48	8.9	3	0	4	0	8	3	12	9	6	2	7	24	5.43		
December ..	30.119	1.017	48.0	8.9	21.7	-5.7	26.3	14.6	40.5	4.7	33.4	0.8	7.1	3.9	37.0	2.8	33	0.6	88	6.5	52.8	11.6	30.1	-1.1	44	6.7	3	1	9	12	3	0	8	0	8	3	6	17	1.25		
Annual Means	29.918	1.114	61.4	16.3	31.1	-0.5	30.4	16.8	51.4	10.8	40.7	4.8	10.7	6.0	46.0	7.8	41	5.0	79	8.9	88.0	31.1	37.3	2.9	47	8.3	3	1	7	4	7	1	10	3	11	2	6	Total 214	Total 31.11		







